

FILE TITLE/NUMBER/VOLUME:

INCLUSIVE DATES:

CUSTODIAL UNIT/LOCATION:

ROOM :

DELETIONS, IF ANY:

PERSONAL & UNRELATED TIME PERIOD
MATERIAL

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

FILE TITLE/NUMBER/VOLUME:

INCLUSIVE DATES:

CUSTODIAL UNIT/LOCATION:

ROOM:

DELETIONS, IF ANY:

PERSONAL & UNRELATED TIME PERIOD
MATERIAL

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

NEW YORK TIMES
14 JUNE 1976

W. Harvey, C.I.A. Aide, Dead; Linked to Anti-Castro Plotting

William K. Harvey, reported by the head of a special Central Intelligence Agency group set up in the 1960's to plan the removal of foreign leaders by means including assassination, died of a heart attack last Wednesday in an Indianapolis hospital.

Mr. Harvey, who was 60 years old, was said to have been in charge of the agency's efforts against Prime Minister Fidel Castro of Cuba. He was among 10 agents whose identities were disclosed by the Senate Select Committee on Intelligence after an investigation in 1975 of alleged assassination plots by the United States.

William E. Colby, then Director of Central Intelligence, had argued that disclosure of the names of agents would put them in jeopardy of retaliation by "irrational groups."

Mr. Harvey testified before the Senate committee that he had been told by superiors that the Castro assassination plot had been approved at the highest levels of the government, and that he had discussed the efforts with his immediate superior, Richard Helms, who later became director of the agency.

Mr. Harvey moved to Indianapolis in 1969 after retiring from the agency, where he had worked for 22 years. He worked for the Federal Bureau of Investigation from 1940 to 1947.

At the time of his death, Mr. Harvey was law editor for Bobbs-Merrill Publishing Company.

He was buried Saturday at South Cemetery in Danville, just west of Indianapolis. He is survived by his wife, Clara Grace, a daughter, Sally, and a son, James D. Harvey.

68-154

13 FEB 1968

Mr. William King Harvey
28 West Irving Street
Chevy Chase, Maryland 20015

Dear Bill:

I am sorry that due to a busy schedule and my absence for several days during the Christmas holidays I didn't have an opportunity to see you prior to your retirement at the end of the year.

Red White has told me of his visit with you, and I am particularly appreciative of your expression of continued loyalty to the Agency and your offer to be of assistance should an appropriate occasion arise.

I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

/s/ Richard Helms

Richard Helms
Director

OP/BSR/RB/MJRoper:jsc

Rewritten:ExDir:sbo

Distribution:

0 - Adse

1 - ER

1 - C/EAB/OS

1 - D/Pers

1 - OPF

1 - RB

(Concurred in by C/EAB/OS on 8 Jan 68)

NOTE: Covert correspondence

Mr. William King Harvey
28 West Irving Street
Chevy Chase, Maryland 20815

Dear Bill:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have been privileged to face the challenge of important responsibilities during your more than twenty-six years of service to your country. The success with which you have met them should be a source of lasting pride and satisfaction to you.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Richard Helms
Director

Distribution:

- 0 - Addressee
- 1 - EDCI
- 1 - ER
- 1 - C/EAB/CS
- 1 - E/Pers
- 1 - OPP
- 1 - RB
- 1 - RB Reader

Originator:

Director of Personnel

Concur:

C/EA/CS

GP/BSD/RB/MINoper:jsc (26 December 1967)

****NOTE:** Covert correspondence.

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
										23 December 1967	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)									
051164		HARVEY, William K.									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT				
Retirement - CIA Retirement System (Voluntary) AND DISABILITY				MONTH DAY YEAR 12 31 67			Regular				
6. FUNDS		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)							
V TO V C TO V		V TO O C TO O		8136-1186		15-23-643 233					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
DDP/EUR Development Complement				Wash., D. C.							
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
Ops Officer				9997		D					
14. CLASSIFICATION SCHEDULE (GX 1.B. etc)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS		0135.01		18 1		\$ 27055					
18. REMARKS											
Mr. Harvey is not recommended for the Agency Reserve List. <i>Revised by Mike Roper, R.B. by telecon 12/29/67.</i>											
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGRITY CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI	
45	10	NUMERIC ALPHABETIC				1	MO. DA. YR. 09/13/16		MO. DA. YR.	MO. DA. YR.	
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEX		
MO. DA. YR.		1-EX 2-FEA 3-NONE		CODE	TYPE MO. DA. YR.		EOD DATA				
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.				
CODE 0-NONE 1-5 PT 2-10 PT	MO. DA. YR.	MO. DA. YR.	CODE CAR RESV PROV TEMP		CODE 0-WAIVER 1-YES		HEALTH INS. CODE				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. LEAVE CAT.	43. FEDERAL TAX DATA			44. STATE TAX DATA				
CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			CODE	FORM EXECUTED 1-YES 2-NO			CODE NO. TAX EXEMPTIONS			CODE NO. TAX EXEMPT.	
45. POSITION CONTROL CERTIFICATION				46. OP. APPROVAL				DATE APPROVED			
				<i>1-9-68</i> <i>11-21</i> <i>[Signature]</i>				<i>28 DEC</i> <i>1967</i>			

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

[Signature]
 11/29/67

1-3 24

MEMORANDUM FOR: Director of Central Intelligence

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. William K. Harvey, GS-18, Operations Officer, European Division, Clandestine Services, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 December 1967.

3. Mr. Harvey has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 52 years old with over 26 years of Federal Service. This service includes over 20 years with the Agency of which more than 9 years were in qualifying service overseas. The CIA Retirement Board has recommended that his application for voluntary retirement be approved. I endorse this recommendation.

4. It is recommended that you approve the voluntary retirement of Mr. William K. Harvey under the provisions of Headquarters Regulation 20-50j.

[illegible]

1. *Phragmites australis* (Cav.) Trin. ex Steud.

Emmett D. Echols
Director of Personnel

The recommendation contained in paragraph 4 is approved:

[illegible]

167 Richard Helms

Director of Central Intelligence

15 DEC 1967

Date _____

SECRET

1. The first step is to identify the problem.

SECRET

Distribution:

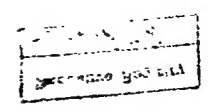
- 0 - Return to D/Pers .C13 3 25 PM '67
- 1 - DDCI
- 1 - ER
- 1 - D/Pers
- 1 - OPF
- 1 - RB Soft file (w/hold)
- 1 - RB Reader

OP/FSD/RE/MJRoper:tlh (7 December 1967)
 Retyped: OP/FSD/RDeFelice:jaa (11 December 1967)

TO: [illegible]
 FROM: [illegible]
 SUBJECT: [illegible]
 [illegible text follows, mostly obscured by noise and bleed-through]

DEC 16 10 18 AM '67

SECRET



Personal Information

7:25. mince
not in

7-18

25.890

Op. officer

Conv. 2-25-67

EOD. 20 Sept 47

2:25. weekly

10-
12. not in
12.45 not in
1.15 not in
1.30 not in
2.00 not in

SECRET
(WHEN FILLED IN)
STATEMENT of EARNINGS and DEDUCTIONS

NAME HARVEY WILLIAM K	EMPLOYEE NO. 061164	PAY PERIOD DATE 04/09 05/06	ROLL 01	COST CENTER 1361186	STA 000
---------------------------------	-------------------------------	---------------------------------------	-------------------	-------------------------------	-------------------

CD	EARNINGS		DESCRIPTION
	NORMAL	OTHER	
01	199200		REG SAL

NOTE:

THIS FORM IS ISSUED ONLY WHEN AN
EMPLOYEE ENTERS ON DUTY OR THERE
IS ANY CHANGE IN THE PAY ACCOUNT

CD	DEDUCTIONS		DESCRIPTION
	NORMAL	OTHER	
41	35014		F/TAX 1
53	1102		INS WEAPA
54	1000		INS FEGLI
57	750		INS UR LIC
61	1374		0820 HOSP 2
75	12948		AGY RET

ADDITIONAL COMPENSATION DATA							REFUND DUE FROM EMPLOYEE			NET PAY		
PP	OT/HRS	HT/HRS	ND/HRS	RATE	O/T-NT AMT	N/D AMOUNT	CD	NORMAL	OTHER	CD	NORMAL	OTHER
										99	147012	

REMARKS:

PAID AT HQS.

147012

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 061163										27 February 1967	
2. NAME (Last-First-Middle) HARVEY, WILLIAM K											
3. NATURE OF PERSONNEL ACTION CONVERSION FROM <input type="checkbox"/> STATUS <input type="checkbox"/>										4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 25 67	
5. CATEGORY OF EMPLOYMENT REGULAR										6. LEGAL AUTHORITY (Completed by Office of Personnel)	
7. FINANCIAL ANALYSIS NO CHARGEABLE 7136-1207-1186										8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR FOREIGN FIELD <i>Dis Conf</i> SOUTHERN REGION ZONE STATION OFFICE OF THE CHIEF (UNASSIGNED)										10. LOCATION OF OFFICIAL STATION <i>Wash, D.C.</i> <i>ROME, ITALY</i>	
11. POSITION TITLE <i>Chief of Station</i> CHIEF OF STATION										12. POSITION NUMBER 4997 0000	
13. OCCUPATIONAL SERIES 0136.01 0136.05										14. GRADE AND STEP 18-1	
15. SALARY OR RATE \$ 25,890											
16. REMARKS <i>Other</i> cc payroll											
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Richard E. Westerman</i> Richard E. Westerman, C/P/Personnel						DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Russ Lang</i>		DATE SIGNED 2/26/67	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 55	20. EMPLOY CODE 01	21. OFFICE CODING NUMERIC ALPHABETIC 44997 0100 00003	22. STATION CODE 00003	23. INTEGRITY CODE	24. HQ/RS CODE 1	25. DATE OF BIRTH MO. DA. YR. 09/13/16	26. DATE OF GRADE MO. DA. YR. 02/25/67	27. DATE OF LEI MO. DA. YR.	28. SECURITY REQ NO	29. SEN	
30. NTE EXPIRES MO. DA. YR.	31. SPECIAL REFERENCE 1-ESC 2-PICA 3-NONE	32. RETIREMENT DATA CODE	33. SEPARATION DATA CODE	34. CORRECTION/CANCELLATION DATA TYPE	35. DATE OF BIRTH MO. DA. YR.	36. DATE OF GRADE MO. DA. YR.	37. DATE OF LEI MO. DA. YR.	38. SECURITY REQ NO	39. SEN		
36. YET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	37. SERV COMP DATE MO. DA. YR.	38. LONG COMP DATE MO. DA. YR.	39. CAREER CATEGORY EAB, RESV PROV, TEMP	40. FEDERAL TAX DATA CODE 1-YES 2-NO	41. HEALTH INSURANCE CODE 0-WAIVER 1-YES	42. SOCIAL SECURITY NO	43. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	44. LEAVE CAT CODE	45. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	46. STATE TAX DATA FORM EXECUTED 1-YES 2-NO	
43. POSITION CONTROL CERTIFICATION 3-15-67 mmw						44. OP APPROVAL <i>Per Bull</i>			DATE APPROVED 2/26/67		

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED					
1. SERIAL NUMBER 061164										27 February 1967					
2. NAME (Last-First-Middle) HARVEY, WILLIAM K															
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					4. EFFECTIVE DATE REQUESTED 02/24/67		5. CATEGORY OF EMPLOYMENT REGULAR								
6. FUNDS V TO V CF TO V XXX					7. FINANCIAL ANALYSIS NO. CHARGEABLE 7136-1186		8. REGAL AUTHORITY (Completed by Office of Personnel)								
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR CS/CS DEVELOPMENT COMPLEMENT					10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.										
11. POSITION TITLE Int Security OPS OFFICER					12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D								
14. CLASSIFICATION SCHEDULE (GS, I.B., etc.) FSR					15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP OF 18-1		17. SALARY OR RATE \$ 24,224 24770 \$ 25,890						
18. REMARKS From: DDP/EUR/FF/EOS, ROME Subject departed the Station 21 March 1966. Other. cc security Security Personnel File SS/CS 3/15/67 6/13/16/67															
19A. SIGNATURE OF REQUESTING OFFICIAL Richard F. Westerman, E/E/Personnel					DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Rustling			DATE SIGNED 2/28/67					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE 32	20. EMPLOY CODE 1	21. OFFICE CODING NUMERIC 44997	22. STATION CODE ALPHABETIC C117	23. INTEGREE CODE 73	24. HQ/RS CODE 1	25. DATE OF BIRTH MO DA YR 04/13/16	26. DATE OF GRADE MO DA YR 1/1/67	27. DATE OF LEI MO DA YR	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 2-PIER 3-ROVI	31. SEPARATION DATA CODE	32. CORRECTION - CANCELLATION DATA TYPE MO DA YR	33. SECURITY RIG NO.	34. SER
35. VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CODE 0-RES 1-PROV TEMP	39. FEGLI HEALTH INSURANCE CODE 0-WAIVER 1-YES	40. SOCIAL SECURITY NO.	EOD DATA								
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS			44. STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE							
45. POSITION CONTROL CERTIFICATION 3-15-67					46. OP APPROVAL Rustling				DATE APPROVED 2/28/67						

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET

Chief of Station, Rome

Director of Personnel

WILLOGAGE - Notification of Designation as a Participant in the Organization Retirement and Disability System

Action: As indicated

R&F: Book Dispatch 5096 & OIRS - 7586

1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 21 November 1965.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to Book Dispatch 5096 should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service system. Because of this, the policy decision has been made that a participant in the Organization system who would receive a higher annuity under the Civil Service system may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service system. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.

21 DEC 1965

/s/ Richard B. Edgar

15 DEC 1965

RICHARD B. EDGAR

OIRS - 7779

It is followed by

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 16 November 1965							
1. SERIAL NUMBER 061164		2. NAME (Last-First-Middle) HARVEY, WILLIAM K.															
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 21 65			5. CATEGORY OF EMPLOYMENT REGULAR									
6. FUNDS V TO V C TO V		V TO C C TO C		7. COST CENTER, NO. CHARGE 6136-1267			8. LEGAL AUTHORITY (Compliance by Office of Personnel) PL 88-643 Sect. 203										
9. ORGANIZATIONAL DESIGNATIONS DDP/WE ROME STATION OFFICE OF THE CHIEF					10. LOCATION OF OFFICIAL STATION ROME, ITALY												
11. POSITION TITLE FIRST SECRETARY CHIEF OF STATION					12. POSITION NUMBER 0262			13. CAREER SERVICE DESIGNATION D									
14. CLASSIFICATION SCHEDULE (GS, L.B., etc.) FSR GS			15. OCCUPATIONAL SERIES 0136-05		16. GRADE AND STEP 01 2 18 1		17. SALARY OR RATE 24,284 \$ 25,382										
18. REMARKS EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE. 1 cc to OP/BSR/RB 1 cc to CCS 1 cc to Finance through CCS																	
18A. SIGNATURE OF REQUESTING OFFICIAL Philip C. Beaumont					DATE SIGNED 18 NOV 1965		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE 28		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 5063 WE		22. STATION CODE 36533		23. INTEREST CODE		24. HODGINS CODE 3		25. DATE OF BIRTH MO DA YR 09 13 16		26. DATE OF GRADE MO DA YR 05 17 59		27. DATE OF LEI MO DA YR 05 17 59	
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1-CSI 2-FICA 3-NONE CODE 2		31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA TYPE MO DA YR		EOD DATA		33. SECURITY RES. NO.		34. SEX			
35. VET PREFERENCE CODE 0-NONE 1-5 PT. 2-10 PT.		36. SERV COMP. DATE MO DA YR		37. LONG COMP. DATE MO DA YR		38. OTHER CATEGORY CAR RES PROV TEMP		39. FEGLI/HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES		HEALTH INS. CODE		40. SOCIAL SECURITY NO.					
41. PREVIOUS GOVERNMENT SERVICE DATA 0-NONE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1-YES 2-NONE				44. STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE 1-YES 2-NONE							
45. POSITION CONTROL CERTIFICATION										46. OP APPROVAL DATE 12/1/65 Signature: [Signature] 18 NOV 65		DATE APPROVED					

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 061164				2. NAME (Last-First-Middle) HARVEY, WILLIAM K.	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH 6 DAY 30 YEAR 63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS 	V TO V	V TO CF	7. COST CENTER NO. CHARGE-ABLE 3136-6300-1014	8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP WE ROME STATION OFFICE OF THE CHIEF			10. LOCATION OF OFFICIAL STATION ROME, ITALY		
11. CHIEF OF STATION			12. POSITION NUMBER 0262		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 18 1		17. SALARY OR RATE 20,000
18. REMARKS <p>FROM: DDP TASK FORCE W/OFFICE OF THE CHIEF/0662. <i>trans 1</i></p> <p>APPOINTMENT MEMO TO DCI SENT ON 27 MARCH 1963.</p> <p>259 SENT TO MEDICS ON 15 MARCH 1963. <i>Security Approval Granted by DIS. SC/CS 4/2/63</i></p> <p>REQUEST ALL NECESSARY CLEARANCES BE GRANTED PRIOR TO 1 JUNE 1963. <i>204/28</i></p> <p>COPIES SENT TO FINANCE AND SECURITY. <i>CSPD reviewed 06/27/63</i></p>					
18A. SIGNATURE OF REQUESTING OFFICIAL <i>THOMAS M. FISHER</i>		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>me l... 26 June 63</i>	
19. ACTION CODE 37 10					
20. EMPLOY CODE 62430		21. OFFICE CODE NUMERIC 10E ALPHABETIC 34533		22. STATION CODE 3	
23. WEBSITE CODE 0911316		24. DATE OF BIRTH MO. DA. YR.		25. DATE OF DEATH MO. DA. YR.	
26. DATE OF REC MO. DA. YR.		27. DATE OF LST MO. DA. YR.		28. DATE OF LST MO. DA. YR.	
29. SPECIAL REFERENCE 1 - CSC 2 - FIC 3 - RNS		30. RETIREMENT DATA 1 - YES 2 - NO		31. SEPARATION DATA 1 - YES 2 - NO	
32. CORRECTION/CANCELLATION DATA 1 - YES 2 - NO		33. SECURITY REQ. NO.		34. SER	
35. VET. PREFERENCE 1 - NONE 2 - 5 YR. 3 - 10 YR.		36. SER. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.	
38. CAREER CATEGORY CAP/RES PROG/TEMP		39. REG. / HEALTH INSURANCE 0 - NEITHER 1 - YES		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM 990, 991, 992 1 - YES 2 - NO	
44. STATE TAX DATA CODE 1 - YES 2 - NO		45. POSITION CONTROL CERTIFICATION <i>W. K. Harvey 06/27/63</i>		46. O.P. APPROVAL <i>P. L. Bond 06/27/63</i>	

FORM 1152 OBSOLETE PREVIOUS EDITIONS AND FORM 1152A

SECRET

GROUP 1
EXCL. FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

SECRET

12 JUN 1963

CO/P. 3-3-54

Executive Registry

134446

811350 81126

MEMORANDUM FOR: Deputy Director of Central Intelligence

VIA : Deputy Director (Plans)

SUBJECT : Appointment of Mr. William K. Harvey
Chief of Station, Rome, Italy

1. This is to make a matter of written record the appointment of Mr. Harvey as Chief of Station, Rome, Italy, effective on or about 30 June 1963. Mr. Harvey will replace Mr. Francis I. G. Coleman, who is scheduled to attend the next session of the National War College. Verbal approval was given by you and by the Director.

2. A biographic data sheet, including information regarding his Agency experience and training, is attached.

William D. O'Ryan
WILLIAM D. O'RYAN

Chief
Western Europe Division

Attachment
Biographic Profile (Part I)

CONCUR:

13 JUN 1963

Richard Helms
Deputy Director (Plans)

(Date)

APPROVED:

William S. Casper
Deputy Director of Central Intelligence

20 June 63
(Date)

811350 81126

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

CONFIDENTIAL

22 May 1963

Mr. William K. Harvey

Dear Bill,

I wish to express my real appreciation for the time you have devoted to Agent Panel affairs. Your operational experience and personal knowledge of many of the individual staff agents and career agents have provided a sound basis for your contributions to Panel decisions concerning their promotions and reassignments. I look forward to the time, after your overseas assignment, when we may have the pleasure of your service in a similar capacity.

Sincerely,

W. Lloyd George
W. Lloyd George
Chairman, CS Agent Panel

*Bill, may I add in
my own hand and words
real appreciation for your
wisdom, objectivity and help*
Lloyd

CONFIDENTIAL

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 24 August 1962	
1. SERIAL NUMBER 861164 ✓		2. NAME (Last-First-Middle) HARVEY, WILLIAM E. ✓					
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH 6 DAY 8 YEAR 62		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS V TO V CF TO V X CF TO CF		7. COST CENTER NO. CHANGE 3132 - 1000 - 1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS Task Force W Office of the Chief				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE Ops Officer - CH <i>skant P. Coord</i> Chief				12. POSITION NUMBER BA-662		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LN, etc.) GS 16		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 18 1		17. SALARY OR RATE 18500 ✓	
18. REMARKS PRA for the duration of Task Force W <i>from FI staff tray 4</i>							
19. SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i> Louis Armstrong				DATE SIGNED 8/27/62		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>	
				DATE SIGNED 8/28/62			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODE NUMERIC 61100 ALPHABETIC TF12		22. STATION CODE 75013	23. INTEREST CODE 1	24. MONTHLY DATE OF GRAD 09 31 62	25. DATE OF GRAD MO. DA. YR. 09 31 62
26. RATE EXPIRES MO. DA. YR.		27. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE		28. SEPARATION DATA CODE TYPE MO. DA. YR.		29. SECURITY REQ. NO.	
30. RET. PREFERENCE 0 - NONE 1 - 5 YR. 2 - 10 YR.		31. SERV. COMP. DATE MO. DA. YR.		32. LONG. COMP. DATE MO. DA. YR.		33. CAREER CATEGORY CAR/RESV PROV/TEMP	
34. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		35. LEAVE CAT. CODE		36. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO		37. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	
43. POSITION CONTROL CERTIFICATION <i>W. Kearney</i> 08/29/62				44. O.P. APPROVAL <i>[Signature]</i> 29 Aug 62		DATE APPROVED	

Pre - 1959 personnel
actions

SECRET
(When Filled In)

1. PERSONAL SERIAL NO.		BIOGRAPHIC PROFILE (PART I) SER: 15 Jan 1941			
061164		3. SEX		4. DATE OF BIRTH	5. LONGEVITY COMP. DATE
HARVEY, William King		M		13 Sep 1915	29 Sep 1947
6. MARITAL STATUS	7. DEPENDENT(S) (Include name, age, place of birth)	8. NEAREST OF BIRTH		9. US NATURALIZATION DATE(S)	
Remarried	1 child, 11 yrs	3 2 7 7		NA	
10. CAREER STATUS	11. MEMBERSHIP	12. OTHER STATUS	13. LAST MD. RPT. QUAL. FOR	14. SPOUSE	
Staff	2		May 1967	Current Duties Annual Exec	
15. CURRENT RESERVE STATUS	16. NON-CIA SERVICE	17. GRADE	18. ACTIVE DUTY WITH CIA	19. RELEASE TO MIL. SER.	20. TO BE DEFERRED
0	X		CAT. 1	CAT. 2	CAT. 3
21. ASSESSMENT DATE		22. PROFESSIONAL TEST DATE		23. LANGUAGE APTITUDE TEST DATE	
24. NON-CIA EMPLOYMENT					
1931-33 Danville Gazette, Indiana - Reporter & Printer					
1934-35 Indiana Univ, Bloomington - Publicity Writer (athletics) (PT)					
1937-40 Self-employed, Maysville, Kentucky - Attorney-at-Law					
1940-47 Dept of Justice, FBI, DC/NYC/Pittsburgh, Pa - Special Agent & Supervisor					
25. NON-CIA EDUCATION					
1933-37 Indiana Univ, Bloomington - LLB (with Distinction) Law, Psych, Philos, Journalism					
26. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		German - R, High; W, P, S, U, Inter; Interpret - Oct 1961			
27. AGENCY SPONSORED TRAINING					
1963 Italian					
28. CIA EMPLOYMENT HISTORY SINCE 16 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (if any)	LOCATION
Sep 1947	Intel Of	P-6		OSO/FBS/Ch, Int'l TUSSDTV	Hq
May 1948	" "	P-7		OSO/COPS/FBS/DCh, Foreign	"
Dec 1948	" "	P-7		OSO/COPS/DOPC/DCh, Foreign	"
Mar 1949	" "	P-7		OSO/COPS/DCh, Ops for CL	"
Oct 1949	" "	GS15		OSO/Ch, Stf-C&ACh, Stf-D	"
Feb 1951	Chief Stf E	16		OSO/Ch, Staff E	"
Dec 1951	I O	16		OSO/Ch, Plans Staff	"
Dec 1952	Ops Of	16		DDP/EE/GerMls/BOB/COB	Bonn
Nov 1953	I O	16	FI	DDP/EL/GerMls/BOB/COB	Berlin
Dec 1954	Area Ops Of 0136.01	16	FI	" " " " " "	"
Jan 1956	" " " 0136.01	17	DI	DDP/EE/GerSta/BOB/COB	"
May 1959	Chief of Base 0136.01	18	DI	" " " " " "	"
	Sep 1959 return to Hq				
Oct 1959	Ops Of 0136.01	18	DI	DDP/Ch, FI/D	Hq
Jun 1962	" " " 0136.01	18	D	DDP/Ch, Task Force W	"
Jun 1963	Chief of Sta 0136.01	18	D	DDP/EE/Rome Sta/COS	Rome
Jun 1965	" " " 0136.05	18	D	" " " " " "	"
Feb 1967	Ops Of 0136.01	18	D	DDP/EUR/Dev Comp	Hq
Dec 1967	Retirement (voluntary)	CIAPDS			
29. DATE REVIEWED		30. PROFILE REVIEWED BY		31. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE	
22 Sep 1971		obs		D No	

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
Harvey William K.			13 Sept 1916		M	GS-18	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/RR OF ASSIGNMENT		8. CURRENT STATION		
Chief of Station			DDF/WF/Italian		Rome		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 April 1964 - 31 March 1965			
SECTION B				PERFORMANCE EVALUATION			
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, Rome						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						O	
15 JUN 1965							

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Mr. Harvey has continued to manage the Agency's activities in Italy with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.</p>			
<p>In his efforts to reorient the Rome Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.</p>			
<p>To accomplish the objectives of the CA responsibilities of the Rome Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.</p>			
<p>During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.</p>			
(cont'd)			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
	Employee at Field Station		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
24			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
2 June 1965	C/WE	William D. O'Ryan	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
3 June 65	ADDP	Thomas H. Karamessines	

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The Rome Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SO
HARVEY William K.			13 Sept 1916		M	GS-18	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Chief of Station			DDP/WE/Italian		Rome		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):				<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From- to-)			
				1 April 1965 - 27 September 1965			
SECTION B				PERFORMANCE EVALUATION			
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, Rome						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in <input type="text"/>						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
28 OCT 1965							O

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	<i>William D. O'Ryan</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
30	Mr. Harvey is currently at his overseas post.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 September 1965	Chief, WE Division	<i>William D. O'Ryan</i> William D. O'Ryan
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."</p> <p style="text-align: right;"><i>DDP</i></p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 October 1965	ADDP	<i>Thomas H. Karamessines</i> Thomas H. Karamessines

SECRET

what date?

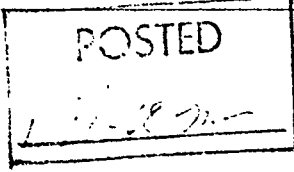
Colored photograph removed this date and forwarded with Biographic Profile to Mr. McCone via Mr. Henry Costhock, WH/Pers. Mr. Costhock cleared with Mr. Gene Stevens, Chief, T&R Branch, POD/OP, the removal of picture.

V. Graham, OP/POD/CAB
5E-2508 HQS
Ext. 7771



SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
OPTION		HARVEY WILLIAM K									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
RETIREMENT VOLUNTARY UNDER THE CIA RETIREMENT AND DISABILITY SYSTEM				12/31/87		REGULAR					
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		8138-1100-0000		P.L. 88-543 SECT. 233			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/EUR DEVELOPMENT COMPLEMENT						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
CFS OFFICER						9997		D			
14. CLASSIFICATION SCHEDULE (GS 18 OK.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0138.01		18 1		27055			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTERSEE CODE		24. HOURS CODE	
45		18		NUMERIC ALPHABETIC							
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
09 13 16											
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. Continuation Calculation Data		36. SECURITY REQ NO	
MO DA YR				1. CSC 2. CUA 3. FCA 4. NCAR		CODE		TYPE MO DA YR		37. SECURITY REQ NO	
								EOD DATA			
38. VET PREFERENCE		39. SER. COMP DATE		40. LONG COMP DATE		41. CAREER CATEGORY		42. FEGLI / HEALTH INSURANCE		43. SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
0. NONE 1. 5 PT 2. 10 PT											
44. PREVIOUS CIVILIAN GOVERNMENT SERVICE				45. LEAVE CAT CODE		46. FEDERAL TAX DATA		47. STATE TAX DATA			
CODE				CODE		CODE		CODE			
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS 3. BREAK IN SERVICE MORE THAN 3 YRS				1. YES 2. NO		1. YES 2. NO		1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px;"> POSTED  </div>											

FORM 566 1150
Mfg 10-87Use Previous
Edition

SECRET

PLW

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-258
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	44	997	CF GS 18 1	\$25,890	\$27,055

SECRET
(When Filled In)

B.T. 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION															
<div style="display: flex; justify-content: space-between;"> 1. SERIAL NUMBER 2. NAME (LAST-FIRST-MIDDLE) </div>															
<div style="display: flex; justify-content: space-between;"> 061164 HARVEY WILLIAM K. </div>															
<div style="display: flex; justify-content: space-between;"> 3. NATURE OF PERSONNEL ACTION 4. EFFECTIVE DATE 5. CATEGORY OF EMPLOYMENT </div>						<div style="display: flex; justify-content: space-between;"> NO. CCE 18 REGULAR </div>									
<div style="display: flex; justify-content: space-between;"> CONVERSION FROM STATUS </div>						<div style="display: flex; justify-content: space-between;"> 02 125 67 </div>									
<div style="display: flex; justify-content: space-between;"> 6. FUNDS 7. Financial Analysis No. Chargeable 8. CSC OR OTHER LEGAL AUTHORITY </div>						<div style="display: flex; justify-content: space-between;"> 7136 1186 0000 50 USC 403 J </div>									
<div style="display: flex; justify-content: space-between;"> 9. ORGANIZATIONAL DESIGNATIONS 10. LOCATION OF OFFICIAL STATION </div>						<div style="display: flex; justify-content: space-between;"> DDP/EUR DEVELOPMENT COMPLEMENT WASH., D.C. </div>									
<div style="display: flex; justify-content: space-between;"> 11. POSITION TITLE 12. POSITION NUMBER 13. SERVICE DESIGNATION </div>						<div style="display: flex; justify-content: space-between;"> OPS OFFICER 9997 D </div>									
<div style="display: flex; justify-content: space-between;"> 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) 15. OCCUPATIONAL SERIES </div>				<div style="display: flex; justify-content: space-between;"> 16. GRADE AND STEP 17. SALARY OR RATE </div>											
<div style="display: flex; justify-content: space-between;"> GS 0136.01 </div>				<div style="display: flex; justify-content: space-between;"> 18 1 25890 </div>											
<div style="display: flex; justify-content: space-between;"> 18. REMARKS </div>															
<div style="display: flex; justify-content: space-between;"> OTHER WASH., D.C. </div>															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
<div style="display: flex; justify-content: space-between;"> 19. ACTION CODE 20. EMPLOY CODE </div>		<div style="display: flex; justify-content: space-between;"> 21. OFFICE CODES </div>		<div style="display: flex; justify-content: space-between;"> 22. STATION CODE </div>		<div style="display: flex; justify-content: space-between;"> 23. INTEGREE CODE </div>		<div style="display: flex; justify-content: space-between;"> 24. HONORARY CODE </div>		<div style="display: flex; justify-content: space-between;"> 25. DATE OF BIRTH </div>		<div style="display: flex; justify-content: space-between;"> 26. DATE OF GRADE </div>		<div style="display: flex; justify-content: space-between;"> 27. DATE OF LET </div>	
<div style="display: flex; justify-content: space-between;"> 56 18 </div>		<div style="display: flex; justify-content: space-between;"> 44997 EUR </div>		<div style="display: flex; justify-content: space-between;"> 75013 </div>		<div style="display: flex; justify-content: space-between;"> 1 </div>		<div style="display: flex; justify-content: space-between;"> 09 13 16 </div>		<div style="display: flex; justify-content: space-between;"> </div>		<div style="display: flex; justify-content: space-between;"> </div>		<div style="display: flex; justify-content: space-between;"> </div>	
<div style="display: flex; justify-content: space-between;"> 28. NTE EXPIRE </div>		<div style="display: flex; justify-content: space-between;"> 29. SPECIAL REFERENCE </div>		<div style="display: flex; justify-content: space-between;"> 30. RETIREMENT DATA </div>		<div style="display: flex; justify-content: space-between;"> 31. SEPARATION DATA CODE </div>		<div style="display: flex; justify-content: space-between;"> 32. CORRECTION/CANCELLATION DATA </div>		<div style="display: flex; justify-content: space-between;"> EOD DATA </div>		<div style="display: flex; justify-content: space-between;"> 33. SECURITY REQ NO </div>		<div style="display: flex; justify-content: space-between;"> 34. SEX </div>	
<div style="display: flex; justify-content: space-between;"> 35. VET. PREFERENCE </div>		<div style="display: flex; justify-content: space-between;"> 36. SERV COMP. DATE </div>		<div style="display: flex; justify-content: space-between;"> 37. LONG COMP DATE </div>		<div style="display: flex; justify-content: space-between;"> 38. CAREER CATEGORY </div>		<div style="display: flex; justify-content: space-between;"> 39. FEGLI / HEALTH INSURANCE </div>		<div style="display: flex; justify-content: space-between;"> 40. SOCIAL SECURITY NO </div>					
<div style="display: flex; justify-content: space-between;"> CODE </div>		<div style="display: flex; justify-content: space-between;"> 0 - NONE </div>		<div style="display: flex; justify-content: space-between;"> NO </div>		<div style="display: flex; justify-content: space-between;"> 34 </div>		<div style="display: flex; justify-content: space-between;"> YES </div>		<div style="display: flex; justify-content: space-between;"> NO </div>		<div style="display: flex; justify-content: space-between;"> DA </div>		<div style="display: flex; justify-content: space-between;"> YR </div>	
<div style="display: flex; justify-content: space-between;"> 1 - 5 PT </div>		<div style="display: flex; justify-content: space-between;"> 2 - 10 PT </div>		<div style="display: flex; justify-content: space-between;"> CAV </div>		<div style="display: flex; justify-content: space-between;"> RELEV </div>		<div style="display: flex; justify-content: space-between;"> CODE </div>		<div style="display: flex; justify-content: space-between;"> 0 - WAIVER </div>		<div style="display: flex; justify-content: space-between;"> 1 - YES </div>		<div style="display: flex; justify-content: space-between;"> HEALTH INS CODE </div>	
<div style="display: flex; justify-content: space-between;"> 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE </div>		<div style="display: flex; justify-content: space-between;"> 42. LEAVE CAT CODE </div>		<div style="display: flex; justify-content: space-between;"> 43. FEDERAL TAX DATA </div>		<div style="display: flex; justify-content: space-between;"> 44. STATE TAX DATA </div>									
<div style="display: flex; justify-content: space-between;"> CODE </div>		<div style="display: flex; justify-content: space-between;"> 0 - NO PREVIOUS SERVICE </div>		<div style="display: flex; justify-content: space-between;"> 1 - NO BREAK IN SERVICE </div>		<div style="display: flex; justify-content: space-between;"> 2 - BREAK IN SERVICE LESS THAN 3 YRS </div>		<div style="display: flex; justify-content: space-between;"> 3 - BREAK IN SERVICE MORE THAN 3 YRS </div>		<div style="display: flex; justify-content: space-between;"> FORM EXECUTED </div>		<div style="display: flex; justify-content: space-between;"> 1 - YES </div>		<div style="display: flex; justify-content: space-between;"> 2 - NO </div>	
<div style="display: flex; justify-content: space-between;"> NO TAX EXEMPT </div>		<div style="display: flex; justify-content: space-between;"> STATE CODE </div>		<div style="display: flex; justify-content: space-between;"> SIGNATURE OR OTHER AUTHENTICATION </div>											

FORM 1150
5-64

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

BJT: 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
061164		HARVEY WILLIAM K									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						02 124 67		REGULAR			
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		7136 1186 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/EUR DEVELOPMENT COMPLEMENT						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						9997		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		18 1		25890			
18. REMARKS											
OTHER ROME, ITALY											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	18	44337	EUR	75013	1	1	08 13 16				
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEX	
NO DA YR			1 - CSC 2 - CIA 3 - FICA 4 - NONE		CODE	TYPE NO. DA YR		EOD DATA			
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. PEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		NO SP. YR		NO DA YR		CAR RESL CODE		CODE 0 - WAIVER 1 - YES		HEALTH INS CODE	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				FORM EXECUTED CODE 1 - YES 2 - NO		NO TAX EXEMPTIONS		FORM EXECUTED CODE 1 - YES 2 - NO		CODE NO TAX EXEMP STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> POSTED 3-17-67 </div>											

FORM 5-66

1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

261

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDUS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50	630	CF GS 12 1	\$25,382	\$25,890

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50	630	CF GS 18 1	\$24,500	\$25,382

JGD: 19 NOV 65

SECRET
(When Filled In)

VD/perr

NOTIFICATION OF PERSONNEL ACTION																			
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)																	
061164		HARVEY WILLIAM K																	
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT											
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM						11 21 65		REGULAR											
6. FUNDS		V TO V		V TO CF		7. COST-CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY											
CF TO V		X		CF TO CF		6136 1267 0000		PL 88-643 SECT. 203											
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION													
DDP/WE ROME STATION OFFICE OF THE CHIEF						ROME, ITALY													
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION											
CHIEF OF STATION						0262		D											
14. CLASSIFICATION (SCHEDULE 100 - 18, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE											
GS				0136.05		18 1		25382											
18. REMARKS																			
ROME, ITALY EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.																			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI			
28		10		50630 WE		36533		1		3		09 13 16		05 17 59		05 17 59			
29. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO		34. SEX							
NO DA YR				1 - CSC 2 - FICA 3 - NONE		2		TYPE NO DA YR		EOD DATA									
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.									
CODE		0 - NONE 1 - 5 PT 2 - 10 PT		NO DA YR		NO DA YR		CAR DESV PROV TEMP		CODE		CODE		0 - WAIVER 1 - YES		HEALTH INS CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA									
CODE				0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YRS) 3 - BREAK IN SERVICE (MORE THAN 1 YRS)		FORM EXECUTED 1 - YES 2 - NO		CODE				NO TAX EXEMPTIONS				FORM EXECUTED 1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION																			
												POSTED 112665H							

FORM 11-62 1150

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER 061144		2. NAME (LAST FIRST, MIDDLE) HARVEY WILLIAM K							
3. NATURE OF PERSONNEL ACTION SERIES CODE ADJUSTMENT					4. EFFECTIVE DATE MO DA YR 06 07 65		5. CATEGORY OF EMPLOYMENT		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 5136 1267 0000		8. CS, OR OTHER LEGAL AUTHORITY	
		CF TO V		A CF TO CF					
9. ORGANIZATIONAL DESIGNATIONS DUP/WE DIVISION					10. LOCATION OF OFFICIAL STATION ROME, ITALY				
11. POSITION TITLE CHIEF OF STATION					12. POSITION NUMBER 0262		13. CAREER SERVICE DESIGNATION U		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP 18		17. SALARY OR RATE		
18. REMARKS									
<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); display: inline-block;"> POSTED JUN 21-65 </div>									
SIGNATURE OR OTHER AUTHENTICATION									

SECRET
(When Filled In)

RZR: 28 JUNE 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
061164		HARVEY WILLIAM K									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						06 30 63		REGULAR			
6. FUNDS		7. TO V		8. TO CF		9. COST CENTER NO. CHARGEABLE		10. CSC OR OTHER LEGAL AUTHORITY			
FUND 2		V TO V		V TO CF		3136.6300 1014		50 USC 403 J			
11. ORGANIZATIONAL DESIGNATIONS						12. LOCATION OF OFFICIAL STATION					
DDP/WE ROME STATION OFFICE OF THE CHIEF						ROME, ITALY					
13. POSITION TITLE				14. POSITION NUMBER		15. SERVICE DESIGNATION					
CHIEF OF STATION				0262		D					
16. CLASSIFICATION SCHEDULE (SEE 18, ENCL.)				17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE			
GS				0136.01		18 1		20000			
WASH., D.C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODING		24. STATION CODE	25. INTEGREE CODE	26. MOBILE CODE	27. DATE OF BIRTH		28. DATE OF GRADE		29. DATE OF LEI
37	10	62630 WE		36533	1	3	09 13 16				
30. NTE EXPIRES		31. SPECIAL REFERENCE		32. DEJIREMENT DATA		33. SEPARATION DATA CODE		34. CORRECTION/CANCELLATION DATA		35. SECURITY REQ NO.	
MO DA YR				1. CSC 2. FCA 3. NONE		CODE		TYPE MO DA YR		EOD DATA	
36. VET. PREFERENCE		37. SERV. COMP DATE		38. LONG COMP. DATE		39. CAREER CATEGORY		40. FECL / HEALTH INSURANCE		41. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		MO DA YR		MO DA YR		EAM HRS / PROV TEMP		CODE 0 - WAIVER 1 - YES		HEALTH INS CODE	
42. PREVIOUS GOVERNMENT SERVICE DATA				43. LEAVE CAT CODE		44. FEDERAL TAX DATA		45. STATE TAX DATA			
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS				CODE		FORM EXECUTED 1 - YES 2 - NO		FORM EXECUTED 1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> POSTED 07/02/63 JK </div>											

FORM 11-62 1150

Use Previous Edition

SECRET

JUN 28 1963

GROUP 1
Excluded from automatic
downgrading and
declassification

(4-81)

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 14 OCTOBER 1952

NAME	SERIAL	ORGN	FUNDS	OLD GRST	OLD SALARY	NEW GRST	NEW SALARY
HARVEY WILLIAM K	261144	A1100	CF 13 1	318500	18 1	320000	

PSC: 12 SEPT 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
OKF																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)															
051164		HARVEY WILLIAM K															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
REASSIGNMENT (CORRECTION)						06 08 62		REGULAR									
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY									
CF TO V		X		CF TO CF		3132 1000 1000		50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP TASK FORCE W OFFICE OF THE CHIEF						WASH., D.C.											
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION									
OPS OFFICER CH						0662		D									
14. CLASSIFICATION SCHEDULE (GS, L, N, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE									
GS			0136.01			18 1		18500									
18. REMARKS																	
THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 06/08/62 TO SHOW THE TITLE, CLASSIFICATION, GRADE, STEP, & SALARY WHICH WERE PREVIOUSLY OMITTED.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
57		10		6.1100 TFW		75013		1		1		09 13 16					
28. HTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEN					
NO DA YR				1 CSC 2 PICA 3 NONE		CODE		TYPE NO. DA YR		37 06 08 62		EOD DATA					
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEHI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE 0 NONE 1 - 5 PT 2 - 10 PT		NO DA YR		NO DA YR		CAR DESV PROJ TEMP		CODE CODE 0 WAIVER 1 YES		HEALTH INS CODE							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE				43. FEDERAL TAX DATA				44. STATE TAX DATA					
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO				FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO				CODE NO TAX EXEMPT STATE CODE					
SIGNATURE OR OTHER AUTHENTICATION																	
<div style="display: flex; justify-content: space-between;"> <div> <p>Bob 9/12/62</p> </div> <div> <p>09/18/62 ZK</p> </div> </div>																	

FORM 1150
4-62Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

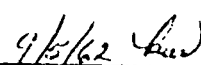
(4-51)

(When Filled In)

SECRET
(When Filled In)

DATE: 31 AUG 62

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 051100		2. NAME (LAST-FIRST-MIDDLE) HARVEY WILLIAM K	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO. DA. YR. 8 02 62	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V	V TO CF X CF TO CF	7. COST CENTER NO. CHARGEABLE 3102 1000 1000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS TASK FORCE W OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE OPS OFFICER CH		12. POSITION NUMBER 9862	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 18 1	17. SALARY OR RATE 18500
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 27	20. EMPLOY CODE 12	21. OFFICE CODING NUMERIC ALPHABETIC 01100 CFW	22. STATION CODE 75013
23. INTEGREE CODE	24. MONTHS Code	25. DATE OF BIRTH MO. DA. YR. 12 12 18	26. DATE OF GRADE MO. DA. YR.
27. DATE OF LEI MO. DA. YR.	28. NTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. FICA 3. NONE
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	33. SECURITY REQ. NO.	34. SEX
35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	36. SERV. COMP DATE MO. DA. YR.	37. LONG COMP DATE MO. DA. YR.	38. CAREER CATEGORY CAR. SERV. PROV. TEMP.
39. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO	40. SOCIAL SECURITY NO.	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT CODE
43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	45. NO TAX EXEMPTIONS	46. STATE CODE
SIGNATURE OR OTHER AUTHENTICATION			
		<div align="center"> POSTED  8/31/62 </div>	

FORM 1150
4-62

Use Previous
Edition

8/31/62 **SECRET**

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

(4-01)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
DI	HARVEY WILLIAM K	561164	41 09	GS-18 1	\$17,500	\$18,500

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
PAS: 15 AUGUST 1960															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS-FOD		
561164		HARVEY WILLIAM K				Mo. Da. Yr.			Nono-0 5 Pt-1 10 Pt-2		Code		Mo. Da. Yr.		
09 13 15						0		M		1		09 29 47			
7. SCD		8. CSC Retire				9. CSC Or Other Legal Authority				10. Appt. Allgs.		11. FEGLI		12. LCD	
Mo. Da. Yr.		Yes-1		Code		Mo. Da. Yr.		Yes-1		Code		Mo. Da. Yr.		Yes-1	
12 09 40		No-2		1		50 USCA 403 J		09 29 47		09 29 47		No-2		2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FI STAFF DIVISION D OFFICE OF THE CHIEF				4109		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 1 USfld - 3 Frgr - 5		Code 1		OPS OFFICER CHIEF		0872		GS		0136.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.	
18 1		18500		D		05 17 59		XX XX XX		0123 1003 1000	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
CONVERSION TO PERMANENT SUPERGRADE RANK		07		27 60		REGULAR		OM			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP FI STAFF DIVISION D OFFICE OF THE CHIEF				4109		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - 1 USfld - 3 Frgr - 5		Code 1		OPS OFFICER CHIEF		0872		GS		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.	
18 1		18500		D		05 17 59		XX XX XX		1123 1003 1000	

44. Remarks

* THE DIRECTOR OF CENTRAL INTELLIGENCE ON 27 JULY 1960 APPROVED YOUR PERMANENT GRADE AS GS-18.

FOED

2.29.60 W12

Pre 1960
Correlations

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				061164	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) HARVEY William K.			2. DATE OF BIRTH 13 Sept 1916	3. SEX M	4. GRADE GS-18
					5. SO D
6. OFFICIAL POSITION TITLE Chief of Station			7. OFF. DIV. OR OF ASSIGNMENT DDP/WE/Italian		8. CURRENT STATION Rome
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 April 1965 - 27 September 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Chief of Station, Rome					RATING LETTER O
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and the Base in 					RATING LETTER S
SPECIFIC DUTY NO. 3 Supervises CA Program.					RATING LETTER O
SPECIFIC DUTY NO. 4 Engaged in reorientation of Station FI Program.					RATING LETTER O
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER O
28 OCT 1965					

SECRET

OFFICE OF PERSONNEL

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Range of performance of managerial or supervisory duties must be described, if applicable.</u></p>			
<p>My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.</p>			
SECTION D			
CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
	<i>William D. O'Ryan</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
30	Mr. Harvey is currently at his overseas post.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
27 September 1965	Chief, WE Division	<i>William D. O'Ryan</i> William D. O'Ryan	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
21 October 1965	ADDP	<i>Thomas H. Karamessines</i> Thomas H. Karamessines	

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Harvey William K.			13 Sept 1916	M	GS-18	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Chief of Station			DDP/WE/Italian		Rome		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
CAREER		RESERVE	TEMPORARY	INITIAL		REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)		X		ANNUAL		REASSIGNMENT EMPLOYEE	
SPECIAL (Specify)				SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 April 1964 - 31 March 1965			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, Rome						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
15 JUN 1965							O

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Harvey has continued to manage the Agency's activities in Italy with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.

In his efforts to reorient the Rome Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.

To accomplish the objectives of the CA responsibilities of the Rome Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.

During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.

(cont'd)

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

Employee at Field Station

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION
24

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

2 June 1965

C/WE

William D. O'Ryan

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

3 June 65

ADDP

Thomas H. Karwessines

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The Rome Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD	
Harvey William K.		1916		N	18	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV OR OF ASSIGNMENT		8. CURRENT STATION	
Chief of Station, Rome				DDP/WE/Italy		Rome	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT-EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - To)			
				1 March 1963 - 31 March 1964			
SECTION B				PERFORMANCE EVALUATION			
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, Rome						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and Station Bases.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises correspondence with headquarters on entire complex Station program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
Engaged in reorientation of Station FI program.						O	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
12 AUG 1964						O	

EAP

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

OFFICE OF PERSONNEL

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section A to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties should be described, if applicable.

AUG 11 11 19 AM

Mr. Harvey's management of the Agency's program in Italy has to date been characterized by the forcefulness and drive which have gained for him in previous assignments a reputation for dynamism. He has undertaken to reorient the Rome Station's FI program toward Soviet-satellite targets and any delay in this reorientation has been due fully to our inability for administrative reasons to supply the personnel he desires on the time schedule which he would prefer.

Although not by inclination oriented toward the objectives of CA, he has preserved and guided the most complex CA program in Western Europe with understanding and skill. To accomplish this it has been necessary for Mr. Harvey to learn the intricacies of an extremely complex local political situation. This he has set about to do with confidence. His accumulated experience in earlier assignments has equipped Mr. Harvey with a self-assurance and confidence which I have rarely seen equalled in any other officer. The continuance of ideal relationships with the key Embassy officials in Rome has been somewhat handicapped by the sudden death of the principal officer in the Embassy who was knowledgeable of our program and the impossibility of bringing into knowledge of our activity the next lower level echelon of Embassy officials for reasons beyond Mr. Harvey's control. This handicap has been overcome over the past year and Mr. Harvey is currently supervising extremely sensitive political operations and contacts to the satisfaction of the Ambassador and his headquarters.

He delegates responsibilities skillfully to those officers under his command who are best qualified and by his own outstanding performance, which is always at its best under heavy stress, he earns an intense loyalty from these personnel. He demonstrates cost-consciousness and outstanding supervisory ability.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 27/2/65	SIGNATURE OF EMPLOYEE <i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION Report will be shown to employee upon return from overseas.	
DATE 28 July 1964	OFFICIAL TITLE OF SUPERVISOR C/WE	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> William D. O'Ryan
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 17 AUG 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL Deputy Director for Plans	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> Richard Helms

SECRET

SECRET

18 April 1963

MEMORANDUM FOR: Director of Personnel

SUBJECT: Fitness Report - Mr. William K. Harvey

1. This Fitness Report covers the period from 1 April 1962 to 15 January 1963 during which Mr. Harvey was Chief, Task Force W.

2. As a senior officer in the Clandestine Services, Mr. Harvey has behind him a long record of professional accomplishment achieved during tours in Washington as well as seven years in Berlin. He is thoroughly grounded in the tradecraft of clandestine activities, and has brought to each and every assignment an intelligent, thorough, and uncommonly conscientious approach. His qualities of leadership are attested to by the loyalty and devotion of those colleagues who have worked under his direction. If anything, there has tended to grow up within the Clandestine Services a coterie of officers who have come to regard themselves as "Harvey men", a development which Mr. Harvey himself has not encouraged but which demonstrates the strong emphasis on first-class tradecraft which he has insisted upon in each assignment.

3. As Chief, Task Force W, Mr. Harvey had the task of organizing and developing a large operational team devoted to the acquisition of intelligence and the handling of special operations directed at Cuba. He was obliged to work within a complicated bureaucratic framework, a fact which made the clearing of actions a laborious and time-consuming exercise. Under his direction, the Task Force grew substantially in size and in professional competence with the result that when the Cuban crisis arrived in October intelligence assets were in place to make a significant contribution to the overall intelligence picture. Mr. Harvey devoted considerable ingenuity, long hours of personal time, and great energy to this enterprise, and, although certain aspects of the intra-governmental coordination of the operations had rough sledding, his net achievement was the establishment of an effective, going concern with momentum which carries on to the present.

4. Mr. Harvey, after a strong performance as Chief, TFW, has been assigned as Chief of Station, Rome, and is now preparing himself to take over at that post in the coming months.

Thomas H. Karamessines
Thomas H. Karamessines
Assistant Deputy Director (Plans)

29 APR 1963
Richard Helms
Richard Helms
Deputy Director (Plans)

SECRET

Read 23/4/63
mkh

AP

OCT 1962

mm

O.D./Pers

15 OCT 1962

MEMORANDUM FOR: Director of Personnel

SUBJECT: William K. Harvey - Memorandum in lieu of
fitness report for period 30 March 1960 -
10 May 1962

1. It is difficult to prepare a fitness report on this outstanding officer, largely because forms do not lend themselves to measuring his many unique characteristics. His strengths are in professional knowledge and competence in the operational field, in a toughness of mind and firmness of attitude, while the latter in past years have moved him into positions that were sometimes stronger than superior officers, with a responsibility for adjustments necessary in matters of policy in relation to Agency position in the community, were able to handle easily, his own closeness to policy positions of the Agency within the U.S. community in the last two years has found him with a real ability to handle policy matters and to adjust to necessities, without losing his firmness and his independence of thought.

2. He is sometimes accounted to be less than outgoing of information about operational matters in which he is engaged, yet it should be remembered that this characteristic has been part and parcel of a sound operational attitude in his career. He has a wide knowledge of personalities within the officer corps of the DD/P and is for the most part a good selector of officers to accomplish necessary tasks. He handles people well. He has a tremendous energy and is a loyal officer both to his superiors and to the purposes of the Clandestine Services of CIA.

3. He is one of the few distinctly outstanding officers in the DD/P.

W. Lloyd George

Chief
Foreign Intelligence

ml

M

8 September 1960

MEMORANDUM IN LIEU OF FITNESS REPORT

The following statement relates to the performance of William K. Harvey, GS 18, Chief of FI, Division D.

This officer has held a series of responsible positions in DD/P and its predecessor clandestine intelligence organization for well over ten years. He excels in the field of clandestine operations in general and especially so in that phase of clandestine staff and operational activities concerned with the procurement, handling and exploitation of highly sensitive and critical intelligence and operational materials.

His performance generally over the recent years has proved him to be one of the outstanding officers of the DD/P organization. He has demonstrated clearly superior performance both in staff responsibility at Headquarters and as Chief of Base in a very important field station where he was directly engaged in supervising and carrying on operations successfully against targets of the highest priority.

In the period under review, June 1959 to March 1960, he took over and directed functioning of one of DD/Ps most sensitive components charged with achievement by special means against targets of the highest importance. This included carrying on negotiations and liaison with other components of CIA and other Agencies and Departments of the U. S. Government concerned with his special field. His performance of this responsibility in many respects has been outstanding. He has continued to demonstrate his fitness to handle a wide range of positions of major responsibility within the clandestine service.

Among his outstanding characteristics are: thorough understanding of his profession and ability to make this clear to persons of high level whose knowledge of the Clandestine Services is general. He is firm, tenacious, and on occasions strongly aggressive in pursuit of his point of view. While this may sometimes make for difficulty on the part of those in higher echelons who wish to dispose of a complicated problem easily and quickly, this officer's persistence in carefully

*Adm
5-10-60*

presenting his arguments and in holding to them until their
fact and logic prevail or until policy factors override, makes
him a highly valuable asset to CIA.

Rater

W. Lloyd George
W. Lloyd George
C/FI

Reviewer

Richard Helms
Richard Helms
COPS

SECRET

017

14 January 1959

MEMORANDUM FOR: Director of Personnel
ATTENTION: Chief, Records and Services Division
FROM: Chief of Station, Germany
SUBJECT: Fitness Report - William K. Harvey
November 1957 - January 1959

1. Subject's abilities and performance are too generally known to require detailed comment. One of the very senior officers in KUDOVE he has been chief of what is probably the largest and most productive overseas Base of KUBARK for approximately seven years. During this period Subject has been personally responsible for a number of operational successes, some of which have been of national importance. Possessed of driving energy, determination and initiative, he has few equals in professional experience and competence. Throughout his administration of the Base he has established and maintained exceedingly high standards of accomplishment, discipline and endeavor. Subject's judgement, on occasion, is impulsive and proposals of the Base have been, from time to time, advanced and defended with greater vehemence and more exhaustively than the occasion, objectively speaking, required. Subject's basic self-discipline, good sense and loyalty, however, have prevented any such incidents, which are in large measure manifestations of the highly charged atmosphere and insistent operational pressures of Berlin, from developing into serious friction with the German Station or Washington headquarters.

2. It has been a pleasure to serve with this officer and, during his assignment, he has consistently rendered dedicated and effective service of the very highest order.

John A. Bröss
John A. Bröss

CONCUR:

James H. [unclear]
CHIEF, EE DIVISION

RYBAT
SECRET

[Handwritten initials]

Harvey, W. K. EE

Chief of Base 6548-811320

18 June 1959

Berlin

MEMORANDUM FOR: Director of Personnel

ATTENTION: Chief, Records and Services Division

FROM: Chief of Station, Germany

SUBJECT: Fitness Report - William K. Harvey
January 1959 - June 1959

I have nothing to add to the memorandum dated 14 January 1959.

Subject continues to render an outstanding performance.

John A. Cross
John A. Cross

I certify that I have seen
this Fitness Report

W. K. Harvey

William K. Harvey

CONCUR:

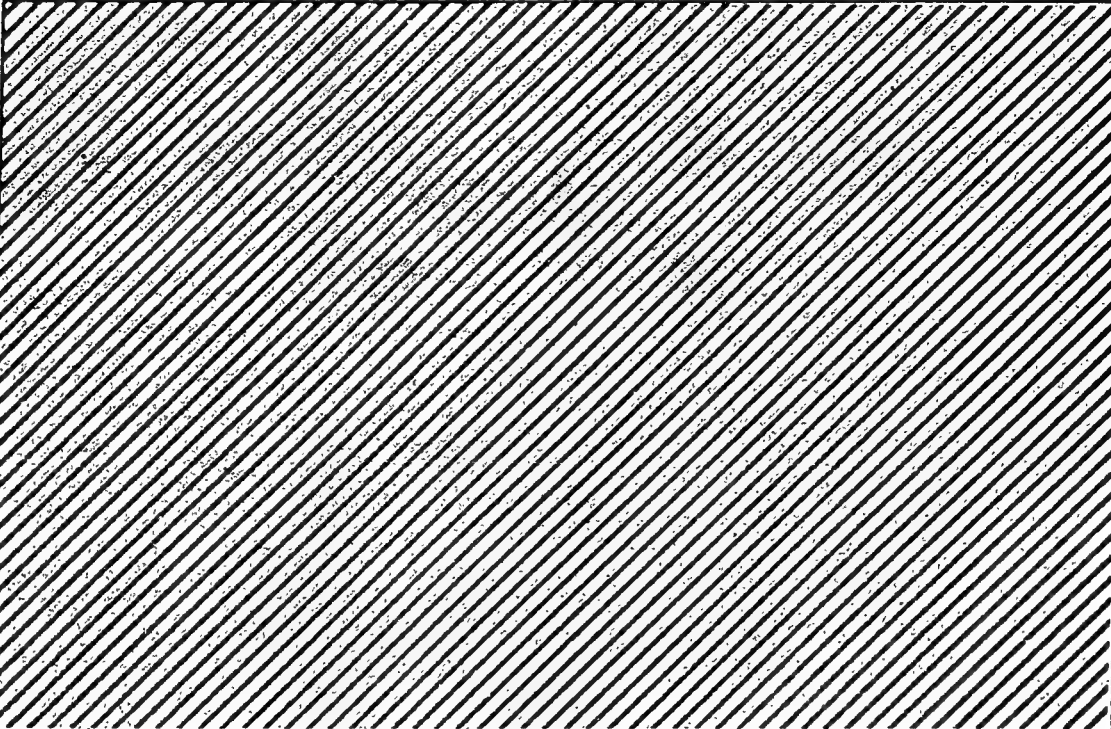
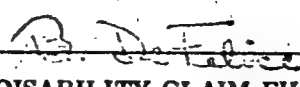
James H. Whitfield
Chief, Eastern European Division

W. K. Harvey

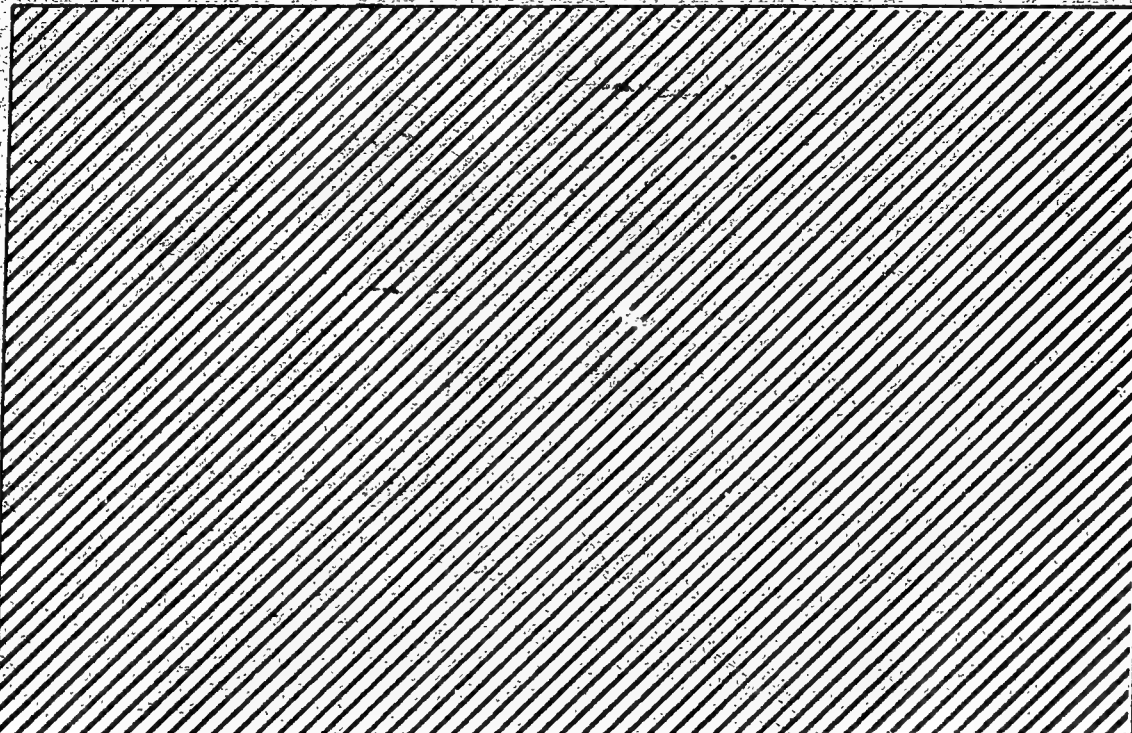
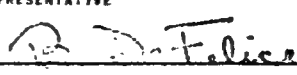
SECRET

Pre 1959 Fitness
Reports

SECRET
(When Filled In)

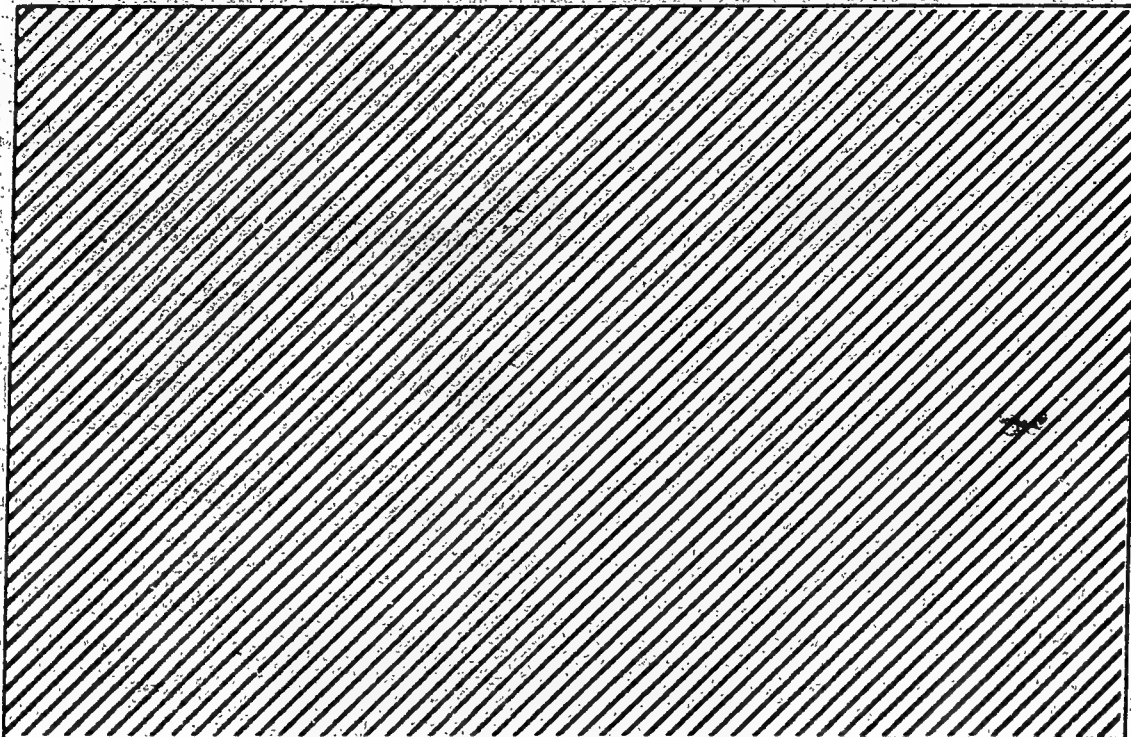
		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
Harvey, William K.	Son-James	68-0535
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>7 March 1967</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE	
3 January 1968		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William	Self	68-0533
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>30 July 1964</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE	
3 January 1968		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET

(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
Harvey, William K.	Daughter-Sally	68-0534

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 3 August 1967.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BNC REPRESENTATIVE
3 January 1968	<i>D. DeFalice</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

Fig. CLAIM (Show complete itinerary, and description of expenses for persons and things, for which reimbursement is claimed, or object of travel, with receipts and other substantiation.)

REMARKS (Names and Ages of Dependents; explanation for use of foreign registry ship; rates of exchange, etc.)

Concurrent travel

Wife

Daughter, Sally, Age 7

Separate travel

Son, James, born December 1947

Lire 625/\$1 DM 4/\$1

Date: 19 66 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
Mr. Harvey, Wife, and Daughter						
Mar. 21	0700	LV. Rome via private auto				
	1130	AR. [redacted]				
		163 miles at 12¢				19.56
		Autostrada tolls L.1750				2.80
		Required fees for auto (Ford)				
		at dock				
		Preparation of car L.1500				
		Auto check-in fee L.1000				
		L.2500				4.00
		Baggage transport Rome				
		to [redacted] L.3500				5.60
		Baggage transfer charges				
		for hold baggage L.9350				14.96
	2300	LV. [redacted]	3/4	6	11.25	
Mar. 22 thru 30		At sea	9	6	135.00	
Mar. 31		At sea	1	2	5.00	
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					151.25	43.92

FORM FS-285

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET.)

Page 2

*18. CLAIM (Show complete itinerary, or transportation expenses for persons and things which reimbursement is claimed; as receipts, show receipts, invoices and attach all receipts.)

REMARKS (Name and Age of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 66 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED					151.25	46.92
April 1	0800	AR. New York				
	1200	LV. New York via personal auto				
	1830	AR. Washington				
		269 miles at 12¢				32.28
		Tolls				4.55
		Dock charge for release of car				2.50
		Baggage transfer charge				
		at New York pier	1	16.00	40.00	15.00
		Railway express charges for				
		shipment of 337 lbs. of				
		baggage from New York to				
		Washington				23.40
Travel of son James						
June 2		LV. Munich via AF				
		AR. Paris				
June 5	1200	LV. Paris via TWA 803				
	1500	AR. New York				
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					191.25	124.65

15. CLAIM (Show complete itinerary for transportation expenses for persons and things for which reimbursement is claimed, on effects, show weight, measures and attach all receipts).

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 1966 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED					191.25	124.65
June 5	1630	LV. New York via TW 203				
	1807	AR. Washington Nat'l Airport				
		Air travel from Munich is				
		less expensive than \$302.90				
		economy air FARE from Rome				
		to Washington				
		Airport tax in Munich DM500				1.25
		Direct scheduling from Munich				
		via air				
June 2	0740	LV. Munich via LH 161				
	0830	AR. Frankfurt				
	1215	LV. Frankfurt via PA 107				
	1745	AR. Washington				
		Per diem 1 @ 16.00 less 35%			5.20	
		Shipment of air freight from				
		Munich to Washington (85lbs.)				67.10
		Deferred home leave travel for				
		Mr. Harvey, James and Sally				
19. COLUMN TOTALS (Sum of which forwarded to item 12A, on face of voucher)					196.45	193.00

*18 CLAIM (show complete itinerary for transportation expenses for persons and things for which reimbursement is claimed, on effects, baggage, weights, measures and area, all receipts.)

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED					196.45	193.00
June 28	0900	LV. Washington via personal auto	3/4	16.00	30.00	
June 29	1500	AR. Indianapolis	3/4	16.00	30.00	
		Mileage 584 @ 12¢				70.08
July 22	0900	LV. Indianapolis via personal auto	3/4	16.00	30.00	
July 23	1500	AR. Washington	3/4	16.00	30.00	
		Mileage 584 miles @ 12¢				70.08
		Cost by auto is less than cost by rail with scheduling as follows:				
June 28	1900	LV. Washington via rail				
June 29	1205	AR. Indianapolis				
July 22	1505	LV. Indianapolis via rail				
July 23	0915	AR. Washington				
		Per diem 2 x \$16.00 x 2.5		\$80.00		
		RT 1st class rail (Family Plan)		169.40		
		RT Sleeping accommodations (Bed- room, plus roomette is least expensive)		76.96		
				\$326.36		
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					316.45	363.16

UNCLASSIFIED

QUALIFICATIONS SYSTEM RECORD CHANGE

APPLICANT CODING DATA

1. ID • 2 •	2. APPL. NO. 6-DIGITS	3. NAME MUST CONTAIN 20-DIGITS
4. DATE OF BIRTH MO DA YR	5. DATE CODED MO DA YR	THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.
• • •	• • •	

LANGUAGE CODING DATA - FORM 444c

1. ID	2. EMPLOYEE NO.	3. NAME	4. LANGUAGE DATA CODE							
3	061164	3-LETTERS HAR	BASE CODE BF7	R 4	W 3	P 3	S 3	U 3	T 2	YR 61
5. DATE SUBMITTED			6. DATE OF BIRTH			WHEN FORM 441C DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)				
MO	DA	YR	MO	DA	YR					
10	02	61	09	13	15					

LANGUAGE PROFICIENCY TEST DATA

LANGUAGE PROFICIENCY TEST DATA															
1. ID	2. EMPLOYEE NO.		3. NAME		4. CODE		5. LANGUAGE DATA BEFORE TEST								
			3-LETTERS		C-A-D		BASE CODE		R	W	P	S	U	T	YR
< 5 .															
6. LANGUAGE DATA AFTER TEST								7. DATE OF TEST			DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.				
BASE CODE		R	W	P	S	U	T	YR	MO	DA					

QUALIFICATIONS RECORD CHANGE

[illegible]

FCRM 1962a
10-64

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4-51)

SECRET

(When Filled In)

(1-6)		LANGUAGE DATA RECORD	
PART I-GENERAL			
1. NAME (Last-First-Middle) (7-24)		2. DATE OF BIRTH (25-30)	
HARVEY, WILLIAM		MONTH 7	DAY 13
3. LANGUAGE (31-33)		4. TODAY'S DATE (34-39)	
German		MONTH 7	DAY 13
		5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE	
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.			
(2) I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.			
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.			
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.			
5. I HAVE NO READING ABILITY IN THE LANGUAGE.			
SECTION B. Writing (41)			
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.			
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.			
(3) I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.			
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.			
5. I CANNOT WRITE IN THE LANGUAGE.			
SECTION C. Pronunciation (42)			
1. MY PRONUNCIATION IS NATIVE.			
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.			
(3) MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.			
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.			
5. I HAVE NO SKILL IN PRONUNCIATION.			
CONTINUE ON REVERSE SIDE			

CONTINUATION OF PART II - LANGUAGE ELEMENTS	
SECTION D. Speaking (43)	
1.	I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND AUTOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2.	I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
(3)	I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4.	I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5.	I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.
SECTION E. Understanding (44)	
1.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
(3)	I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4.	I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5.	I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.
BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.	
PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)	
1.	I HAVE HAD EXPERIENCE AS A TRANSLATOR.
(2)	I HAVE HAD EXPERIENCE AS AN INTERPRETER. <i>James Earl</i>
3.	BOTH OF THE ABOVE STATEMENTS APPLY.
4.	NONE OF THE ABOVE STATEMENTS APPLY.
PART IV-CERTIFICATION	
<p>I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 23-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.</p>	
DATE SIGNED <i>10/2/61</i>	SIGNATURE <i>William H. Kearney</i>
(46)	(47)

SECRET
(When Filled In)

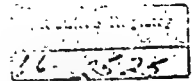
VERIFIED RECORD OF OVERSEAS SERVICE										
TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters										
EMPLOYEE SERIAL NO.		NAME OF EMPLOYEE						OFFICE/COMPONENT		
1-8		LAST		FIRST		MIDDLE		29-38		
0 61164		HARVEY		WILLIAM		K.		50		
INSTRUCTIONS										
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.										
PCS DATES OF SERVICE										
TYPE OF DATA		ARRIVAL			DEPARTURE			COUNTRY		OMIT
		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1. PCS (Basic)		27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
3. CORRECTION										
5. CANCELLATION		3				03	21	66	ITALY	365
TDY DATES OF SERVICE										
TYPE OF DATA		DEPARTURE			RETURN			AREA(S)		OMIT
		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2. TDY (Basic)		27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4. CORRECTION										
6. CANCELLATION										
SOURCE OF RECORD DOCUMENT										
TRAVEL VOUCHER					DISPATCH					
<input checked="" type="checkbox"/> CABLE					DUTY STATUS OR TIME AND ATTENDANCE REPORT					
OTHER (Specify)										
DOCUMENT IDENTIFICATION NO.					DOCUMENT DATE/PERIOD					
IN 80062					22 March 1966					
REMARKS										
PREPARED BY		<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT		ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED						
C & L DIVISION		DATE 3/29/66		SIGNATURE J. E. Persinger						
<input checked="" type="checkbox"/> C & T DIVISION										

FORM 10-64 1451a USE PREVIOUS EDITIONS.

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(4-10)



Office of the Director General

G.P.O. FORM NO. 5105BB.,
WASHINGTON

24 May, 1966.

My dear Mr. Raborn

My Liaison Officer in Rome has told me of the tremendous assistance and co-operation that he and his section received at all times from Mr. W.K. Harvey.

I understand that Mr. Harvey has now returned to Washington and I would like to say how much I appreciate all that he has done to assist the work of my officers in Rome.

With kindest regards and best wishes,

Yours *W.F. Raborn*



The Honorable W.F. Raborn,
Director,
Central Intelligence Agency,
WASHINGTON.

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO:	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6 061164	(Print) ELWIS, WILLIAM K.	7-24		25-26 50

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL			DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42
3 - CORRECTION								
5 - CANCELLATION	1				01	08	66	ITALY 365

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42
4 - CORRECTION								
6 - CANCELLATION								

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

IN 26160

DOCUMENT DATE/PERIOD

4 Jan. 1966

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE 13 Jan. 1966	SIGNATURE <i>Barry J. [Signature]</i>
<input checked="" type="checkbox"/> C & T DIVISION		

FORM 10-64 1451a USE PREVIOUS EDITION.

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(4-10)

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 29-28
	LAST (Print)	FIRST	MIDDLE	
61164	HARVEY	William	K	50

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION; (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39	ITALY	365
	1	06	30	63					

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREAS	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

Rome 9550 IN 70727

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> FISCAL DIVISION	DATE 7/2/63	SIGNATURE [Signature]
<input checked="" type="checkbox"/> FINANCE DIVISION		

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE 130470 FEB 61

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-5 <i>1161</i>	(Print) <i>...</i>	6-23 <i>...</i>		24-25 <i>34</i>

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE			COUNTRY	OMI
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-39		39-41
2 - CORRECTION									
3 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE				RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-39		39-41
4 - CORRECTION		<i>04</i>			<i>05</i>				<i>801</i>
5 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. <i>...</i>	DOCUMENT DATE/PERIOD
---	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

130471 FEB 961

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-5	6-23			24-25
6-11	H. J. W.			34

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1. PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
3. CORRECTION									
5. CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE				RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2. TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
4. CORRECTION									
6. CANCELLATION									

SOURCE OF RECORD DOCUMENT

1. TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
151-1-1-1	

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		

CONFIDENTIAL

(When Filled In)

O/R - Personnel T & R

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ELIGIBLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

1. NAME OF EMPLOYEE (Last) (First) (Middle)
HARVEY William KING

2. RESIDENCE DATA
 PLACE OF RESIDENCE WHEN APPOINTED
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
 PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE
88 W. IRVING ST Chevy Chase, Md

3. MARITAL STATUS
 CHECK (X) ONE: ☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED
 IF MARRIED, INDICATE PLACE OF MARRIAGE **Berlin** DATE OF MARRIAGE **3/2/54**
 IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE
 IF WIDOWED, INDICATE PLACE SPOUSE DIED DATE SPOUSE DIED
 IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

4. MEMBERS OF FAMILY
 NAME OF SPOUSE **CIARA GRACE, Nee Follick** ADDRESS (No., Street, City, Zone, State) **Above** TELEPHONE NUMBER
 NAMES OF CHILDREN **JAMES** ADDRESS **Same** SEX **M** AGE **12**
SALLY **F** **18 Mo.**
 NAME OF FATHER (Or male guardian) **Deceased** ADDRESS TELEPHONE NUMBER
 NAME OF MOTHER (Or female guardian) **SARA K. HARVEY** ADDRESS **Indianapolis, Ind** TELEPHONE NUMBER
1615 Northwood Drive **CL 2579**
 WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?
Mother

5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
 NAME (No., St., Apt., P.O. Box) (Last-First-Middle) **Wife - Above** RELATIONSHIP
 HOME ADDRESS (No., Street, City, Zone, State) HOME TELEPHONE NUMBER **CL 4-5178**
 BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION?
☒ YES ☐ NO
 IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?
☒ YES ☐ NO
 DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?
☒ YES ☐ NO
 THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

6. VOLUNTARY ENTRIES
 INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS **HAMILTON NATIONAL BANK & BANK OF SILVER SPRING**

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

5. (CONTINUED) IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED? <p style="text-align: center; font-size: 1.2em;"><i>self & wife jointly</i></p>		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES", WHERE IS DOCUMENT LOCATED?		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY? <p style="text-align: right; margin-right: 50px;"><i>wife</i></p>		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
SIGNED AT	DATE <p style="font-size: 1.2em;"><i>11/4</i></p>	SIGNATURE <p style="font-size: 1.2em;"><i>William H. Harney</i></p>

CONFIDENTIAL

00/Rev

S-E-C-R-E-T
(When filled in)

TUTORIAL TRAINING REPORT

03/11/63 - 06/17/63

Student : William K. Harvey

Office : WE

Year of Birth: 1915

Service Designation: D

Grade : 18

No. of Students : 1

EOD Date : 09/47

Instructor: Mrs. M. Lutyk

This is to certify that William K. Harvey
received 92 hours of tutorial training in
ITALIAN language.

Beginner : X

Non-beginner : _____

FOR THE DIRECTOR OF TRAINING:

Bengt C. Herder
BENGT C. HERDER
Chief Instructor

10/21/63
Date

S-E-C-R-E-T
(When filled in)

GROUP 1
Excluded from automatic
downgrading and
declassification

Pre 1961 Personnel
Material

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 28 November 1966	
2. NAME (Last, First, Middle) Harvey, William K.		3. POSITION TITLE	4. GRADE GS-18
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT. 6765	
7. PURPOSE OF EVALUATION Room 3E 30			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input checked="" type="checkbox"/> ANNUAL - Executive <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <div style="display: flex; justify-content: space-between;"> <div>ROOM NO. & BUILDING</div> <div>EXT.</div> </div>	
10. COMMENTS QUALIFIED FOR CURRENT DUTIES AT HEADQUARTERS			
11. REPORT OF EVALUATION			
DATE 24 MAY 1967		SIGNATURE FOR CHIEF OF MEDICAL STAFF JOHN E. FIALLIC PHYSICAL REQUIREMENTS OFFICER	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 31 January 1966	
2. NAME (Last, First, Middle) HARVEY, William K.		3. POSITION TITLE	4. GRADE
5. OFFICE, DIVISION, BRANCH WE		6. EMPLOYEE'S EXT.	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 34) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE	
		ROOM NO. & BUILDING	
		EXT.	
10. COMMENTS Qualified for Current Duties			
11. REPORT OF EVALUATION 31 January 1966			
DATE 31 January 1966		SIGNATURE FOR CHIEF OF MEDICAL STAFF Peter J. Caughan	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 17 March 1965	
2. NAME (Last, First, Middle) HARVEY, William E.		3. POSITION TITLE COS	
4. GRADE GS-13		5. EMPLOYEE'S EXT. 7157	
6. OFFICE, DIVISION, BRANCH WE DIVISION			
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px;"> ETD 10 March 1965 STATION Rome TDY OR PCS PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY 2 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 0 </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Major Drustaphan, WE/PT</i> MAJOR DRUSTAPHAN, WE/PT ROOM NO. & BUILDING 4-B-4401 EXT. 7157	
10. COMMENTS 259 forwarded at request of [] QUALIFIED FOR PROPOSED O S PCS			
11. REPORT OF EVALUATION []			
DATE 13 22 65		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
		17 March 1965	
2. NAME (Last, First, Middle)		3. POSITION TITLE	4. GRADE
Dependents of HARVEY, William K.		COS	GS-18
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT.	
WS DIVISION		7157	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TOY STANDBY Dependents: Wife: Clara G. Daughter: Sally J., 10 Aug 58 <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TOY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ETD 10 March 1965 STATION + Rome TOY OR PCS D.C. TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY 2 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 0 </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE JRE <i>Harvey G. Stephan</i> HARVEY G. STEPHAN, SS/PT ROOM NO. & BUILDING 1. 5 1104 EXT. 7157	
10. COMMENTS			
259 forwarded at request of 			
QUALIFIED FOR PROPOSED O S PCS			
11. REPORT OF EVALUATION			
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 16 May 1963																										
2. NAME (Last, First, Middle) William K. Harvey		3. POSITION TITLE Chief of Station																										
4. GRADE GS-18		5. OFFICE, DIVISION, BRANCH WE Division																										
6. EMPLOYEE'S EXT. 																												
7. PURPOSE OF EVALUATION																												
<table border="1"> <tr> <td> <input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY-STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT </td> <td> <input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT </td> </tr> <tr> <td colspan="2"> <table border="1"> <tr> <td>ETD.</td> <td>o/a 1 July 1963</td> </tr> <tr> <td>STATION</td> <td>Rome</td> </tr> <tr> <td>TDY OR PCS</td> <td>PCS</td> </tr> <tr> <td>TYPE OF COVER</td> <td></td> </tr> <tr> <td>NO. OF DEPENDENTS TO ACCOMPANY</td> <td>3</td> </tr> <tr> <td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td> <td>0</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> RETURN FROM OVERSEAS </td> </tr> <tr> <td colspan="2"> <table border="1"> <tr> <td>ETA</td> <td></td> </tr> <tr> <td>STATION</td> <td></td> </tr> <tr> <td>NO. OF DEP.'S</td> <td></td> </tr> </table> </td> </tr> </table>			<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY-STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT	<table border="1"> <tr> <td>ETD.</td> <td>o/a 1 July 1963</td> </tr> <tr> <td>STATION</td> <td>Rome</td> </tr> <tr> <td>TDY OR PCS</td> <td>PCS</td> </tr> <tr> <td>TYPE OF COVER</td> <td></td> </tr> <tr> <td>NO. OF DEPENDENTS TO ACCOMPANY</td> <td>3</td> </tr> <tr> <td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td> <td>0</td> </tr> </table>		ETD.	o/a 1 July 1963	STATION	Rome	TDY OR PCS	PCS	TYPE OF COVER		NO. OF DEPENDENTS TO ACCOMPANY	3	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	0	<input type="checkbox"/> RETURN FROM OVERSEAS		<table border="1"> <tr> <td>ETA</td> <td></td> </tr> <tr> <td>STATION</td> <td></td> </tr> <tr> <td>NO. OF DEP.'S</td> <td></td> </tr> </table>		ETA		STATION		NO. OF DEP.'S	
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY-STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT																											
<table border="1"> <tr> <td>ETD.</td> <td>o/a 1 July 1963</td> </tr> <tr> <td>STATION</td> <td>Rome</td> </tr> <tr> <td>TDY OR PCS</td> <td>PCS</td> </tr> <tr> <td>TYPE OF COVER</td> <td></td> </tr> <tr> <td>NO. OF DEPENDENTS TO ACCOMPANY</td> <td>3</td> </tr> <tr> <td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td> <td>0</td> </tr> </table>		ETD.	o/a 1 July 1963	STATION	Rome	TDY OR PCS	PCS	TYPE OF COVER		NO. OF DEPENDENTS TO ACCOMPANY	3	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	0															
ETD.	o/a 1 July 1963																											
STATION	Rome																											
TDY OR PCS	PCS																											
TYPE OF COVER																												
NO. OF DEPENDENTS TO ACCOMPANY	3																											
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	0																											
<input type="checkbox"/> RETURN FROM OVERSEAS																												
<table border="1"> <tr> <td>ETA</td> <td></td> </tr> <tr> <td>STATION</td> <td></td> </tr> <tr> <td>NO. OF DEP.'S</td> <td></td> </tr> </table>		ETA		STATION		NO. OF DEP.'S																						
ETA																												
STATION																												
NO. OF DEP.'S																												
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER																										
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE MARGE GROSTEPHAN																										
		ROOM NO. & BUILDING 4 B 4404																										
		EXT. 7157																										

10. COMMENTS Request evaluation for above PCS.	
11. REPORT OF EVALUATION 	
DATE 16 May 1963	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 16 May 1963																			
2. NAME (Last, First, Middle) Dependents of William K. Harvey		3. POSITION TITLE Chief of Station	4. GRADE GS-18																		
5. OFFICE, DIVISION, BRANCH WE Division		6. EMPLOYEE'S EXT. 5356																			
7. PURPOSE OF EVALUATION																					
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>REG</td></tr> <tr><td>o/a 1 July 1963</td></tr> <tr><td>STATION</td></tr> <tr><td>Rome</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td></td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>3</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> <tr><td>0</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1"> <tr><td>ETA</td></tr> <tr><td></td></tr> <tr><td>STATION</td></tr> <tr><td></td></tr> <tr><td>NO. OF DEP.'S</td></tr> <tr><td></td></tr> </table>		REG	o/a 1 July 1963	STATION	Rome	TDY OR PCS	PCS	TYPE OF COVER		NO. OF DEPENDENTS TO ACCOMPANY	3	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	0	ETA		STATION		NO. OF DEP.'S	
REG																					
o/a 1 July 1963																					
STATION																					
Rome																					
TDY OR PCS																					
PCS																					
TYPE OF COVER																					
NO. OF DEPENDENTS TO ACCOMPANY																					
3																					
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED																					
0																					
ETA																					
STATION																					
NO. OF DEP.'S																					
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER																			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Marge Grostephan</i> MARGE GROSTEPHAN ROOM NO. & BUILDING. 4 B 4404																			
		EAT. 7157																			

10. COMMENTS 89's on file in medical office - per telephone conversation 16 May 63	
11. REPORT OF EVALUATION	
DATE JUN 1963	SIGNED FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>

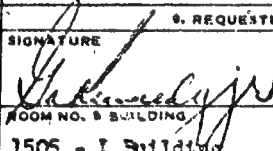

IRM 259 USE PREVIOUS EDITIONS.

SECRET

 GROUP 1
 EXCLUDED FROM AUTOMATIC
 DOWNGRADING AND
 DECLASSIFICATION

(26)

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
		25 January 1962	
2. NAME (Last, First, Middle) HARVEY, WILLIAM K.		3. POSITION TITLE Chief	
5. OFFICE, DIVISION, BRANCH FI/Division D		4. GRADE GS-18	
		6. EMPLOYEE'S EXT. 8471	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> XXXXXXXXXXXX <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> NOCS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px;"> ETD 28 January 1962 STATION Panama City, Panama TDY OR PCS TDY TYPE OF COVER <div style="border: 1px solid black; height: 15px; width: 100%;"></div> NO. OF DEPENDENTS TO ACCOMPANY NONE NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px;"> ERA STATION NO. OF DEPS </div>		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE  ROOM NO. & BUILDING 1505 - I Building EXT. hh64	
10. REPORT OF EVALUATION COMMENTS			
11. REPORT OF EVALUATION AND RECOMMENDATION			
DATE 1962		SIGNATURE FOR CHIEF OF MEDICAL STAFF 	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST																						
2. NAME (Last, First, Middle) Harvey, William K.		20 October 1960																						
3. POSITION TITLE Division Chief		4. GRADE GS-18																						
5. OFFICE, DIVISION, BRANCH FI Staff, Division D		6. EMPLOYEE'S EXT. 8471																						
7. PURPOSE OF EVALUATION																								
<table border="1"><tr><td><input type="checkbox"/> PRE-EMPLOYMENT</td><td rowspan="8"><input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"><tr><td>ETO</td></tr><tr><td>28 October 1960</td></tr><tr><td>STATION</td></tr><tr><td>Germany and Switzerland</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TDY</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td></td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>None</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED</td></tr><tr><td></td></tr></table></td></tr><tr><td><input type="checkbox"/> ENTRANCE ON DUTY</td></tr><tr><td><input type="checkbox"/> OVERSEAS RETURN</td></tr><tr><td><input type="checkbox"/> TDY STANDBY</td></tr><tr><td><input type="checkbox"/> SPECIAL TRAINING</td></tr><tr><td><input type="checkbox"/> ANNUAL</td></tr><tr><td><input type="checkbox"/> RETURN TO DUTY</td></tr><tr><td><input type="checkbox"/> FITNESS FOR DUTY</td></tr><tr><td><input type="checkbox"/> MEDICAL RETIREMENT</td></tr></table>			<input type="checkbox"/> PRE-EMPLOYMENT	<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"><tr><td>ETO</td></tr><tr><td>28 October 1960</td></tr><tr><td>STATION</td></tr><tr><td>Germany and Switzerland</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TDY</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td></td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>None</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED</td></tr><tr><td></td></tr></table>	ETO	28 October 1960	STATION	Germany and Switzerland	TDY OR PCS	TDY	TYPE OF COVER		NO. OF DEPENDENTS TO ACCOMPANY	None	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED		<input type="checkbox"/> ENTRANCE ON DUTY	<input type="checkbox"/> OVERSEAS RETURN	<input type="checkbox"/> TDY STANDBY	<input type="checkbox"/> SPECIAL TRAINING	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> RETURN TO DUTY	<input type="checkbox"/> FITNESS FOR DUTY	<input type="checkbox"/> MEDICAL RETIREMENT
<input type="checkbox"/> PRE-EMPLOYMENT	<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"><tr><td>ETO</td></tr><tr><td>28 October 1960</td></tr><tr><td>STATION</td></tr><tr><td>Germany and Switzerland</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TDY</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td></td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>None</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED</td></tr><tr><td></td></tr></table>	ETO	28 October 1960		STATION	Germany and Switzerland	TDY OR PCS	TDY	TYPE OF COVER		NO. OF DEPENDENTS TO ACCOMPANY	None	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED											
ETO																								
28 October 1960																								
STATION																								
Germany and Switzerland																								
TDY OR PCS																								
TDY																								
TYPE OF COVER																								
NO. OF DEPENDENTS TO ACCOMPANY																								
None																								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED																								
<input type="checkbox"/> ENTRANCE ON DUTY																								
<input type="checkbox"/> OVERSEAS RETURN																								
<input type="checkbox"/> TDY STANDBY																								
<input type="checkbox"/> SPECIAL TRAINING																								
<input type="checkbox"/> ANNUAL																								
<input type="checkbox"/> RETURN TO DUTY																								
<input type="checkbox"/> FITNESS FOR DUTY																								
<input type="checkbox"/> MEDICAL RETIREMENT																								
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER																						
<input checked="" type="checkbox"/> YES		SIGNATURE <i>G.A. Kennedy, Jr.</i>																						
<input type="checkbox"/> NO		G.A. Kennedy, Jr.																						
		ROOM NO. & BUILDING 1505 L																						
		EXT. 4464																						


10. REPORT OF EVALUATION	
Subject departed on another TDY prior to evaluation. However is Qualified for proposed TDY.	
DATE 2 NOV 1960	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT		
1. REQUEST FOR PHYSICAL EXAMINATION BY U.S. ARMY, FI/D ADJUT		
1. NAME (Last) HARVEY, William R. (First) (Middle)		2. DATE 5 April 1960
3. TO POSITION	4. OFFICE DIVISION BRANCH FI/Division D	5. GRADE GS-10
6. TYPE OF POSITION <input checked="" type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas	7. EVALUATE FOR <input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas TDY <input type="checkbox"/> Returned <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)	
II. REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified		
Remarks: <div style="text-align: center;"> 14 JUN 1960 QUALIFIED FOR DEPARTMENTAL DUTIES AND PROPOSED TDY U.S. ASSIGNMENT SECRET <i>Roland</i> MEDICAL OFFICE </div>		

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
I. REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last)	(First)	(Middle)	2. DATE
HARVEY	William	K.	Sept 1957
3. TO POSITION	4. OFFICE, DIVISION, BRANCH		5. GRADE
Germany	DDP/EE		09036
6. TYPE OF POSITION	7. EVALUATE FOR		
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas PCS	<input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas PCS <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
<p align="center">Second tour.</p>			
II. REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified	
<p>Remarks: Please notify Corinne L. Hassell, X3041, of results.</p>			
<p align="center">QUALIFIED FOR PROPOSED PCS OPS ASSIGNMENT - OCT 9 1957</p> <p align="center"><i>Frederick J. [Signature]</i></p> <p align="center">SECRET MEDICAL OFFICE</p>			

REPORT OF PHYSICAL QUALIFICATIONS		
NAME <i>H. Arvey, William King</i>		DATE <i>8/21/52</i>
FOR VOUCHERED EMPLOYEE ONLY		
NATURE OF ACTION	TITLE OF POSITION	
GRADE	<input type="checkbox"/> DEPT. <input type="checkbox"/> FIELD	
SUBJECT FOUND <input type="checkbox"/> FIT <input type="checkbox"/> UNFIT FOR DUTY IN THE ABOVE GRADE AND POSITION.		
FOR UNVOUCHERED EMPLOYEE ONLY		
SUBJECT QUALIFIED FOR: <i>FI</i>		
<input type="checkbox"/> FULL DUTY OVERSEAS <input checked="" type="checkbox"/> LIMITED DUTY OVERSEAS <input type="checkbox"/> DUTY IN USA ONLY		
PROFILE SERIAL (MILITARY ONLY)	<input type="checkbox"/>	<input type="checkbox"/>
DEFECTS NOTED AND/OR RECOMMENDATIONS:		
<i>Nox - arduous O.K. for TDY</i> <i>O/S where medical</i> <i>facilities are</i> <i>available.</i>		
<div style="text-align: right;">  PHYSICAL REQUIREMENTS OFFICER </div>		

080

REPORT PHYSICAL QUALIFICATIONS & DUTY

31 Jan 51 194

Harvey, William K.

WAS GIVEN A PHYSICAL

EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

☒ Overseas

☐ FULL DUTY OVERSEAS

☐ LIMITED DUTY OVERSEAS

☐ DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

--	--	--	--	--	--

DEFECTS NOTED:

Approved for TDY. To report to Medical after TDY

JOHN R. TIENTJEN, M.D.

PHYSICAL QUALIFICATION RECORD

NAME HARVEY, WILLIAM K.	NATURE OF ACTION E.O.D.
TITLE OF POSITION Intelligence Officer	GRADE P-7
DEPARTMENT OR FIELD Departmental	

Subject was found physically ☒ fit ☐ unfit for duty with this organization in the above grade and position. 10 May 1948

RECOMMENDATIONS:

2 February 1949

DATE

John R. Tetter

SIGNATURE OF PHYSICAL REQUIREMENTS OFFICER

CENTRAL INTELLIGENCE AGENCY
WASHINGTON 25, D. C.
REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

20 November 1948

Harvey, William C.O. WAS GIVEN A PHYSICAL
EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

☒ FULL DUTY OVERSEAS ☐ LIMITED DUTY OVERSEAS ☐ DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

DEFECTS NOTED: None

John W. P. P. P.
Capt., HQ

FORM NO. 37-32
NOV 1947

(1095)

720

CENTRAL INTELLIGENCE GROUP
WASHINGTON 25, D. C.
REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

10-16-1943 194

SERGEANT, TITAN WAS GIVEN A PHYSICAL
EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR
71 OVERSEAS
☒ FULL DUTY OVERSEAS ☐ LIMITED DUTY OVERSEAS ☐ DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

☐ ☐ ☐ ☐ ☐ ☐

DEFECTS NOTED:

None

John R. P. Patten

FORM NO. 37-32
JAN 1947

JOHN R. PATTEN, CAPT MC

(10333)

APPLICATION FOR FEDERAL EMPLOYMENT

Form of revised
Budget Bureau No. 50-2046

INSTRUCTIONS—Answer every question in this form as completely as possible. Write or print in ink. If you are applying for a position in the United States, attach your photograph and the application announcement carefully and fully with this form. Mark in application to the office named on the announcement. Be sure to mention the name of the office and any other forms required by the service desired. Notify the office with which you are applying of any change in your address.

SECTION B
PERSONAL DATA

1. Name of examination, or kind of position applied for.	
2. Optional subject (if mentioned in examination announcement)	
3. Place of employment applied for O.I.O.	
4. First name	4. Last name
William	King
5. Street and number or R. D. number 2627 39th Street N.W.	
6. City or post office and county, postal zone and State Washington, D. C.	
7. State or foreign residence (number)	8. Office phone No. Home phone
Kentucky	OR 2914
9. Place of birth (city and State if born outside U. S., name city and country) Danville, Indiana	
10. Date of birth (month, day, year) 9/13/15	11. Age last birthday 31
12. <input type="checkbox"/> Married <input type="checkbox"/> Single	13. Height without shoes 5 11
	Weight 185 pounds
14. Have you ever been employed by the Federal Government? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If now employed by the Federal Government, give present grade and date of last change in grade	

DO NOT WRITE IN THIS BLOCK

For Use of Civil Service Commission Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Submitted	<input type="checkbox"/> Entered register
<input type="checkbox"/> Not approved	<input type="checkbox"/> Returned	
Notations		App. Review:
Approved		
OPTION	GRADE	PAID RATING
		DIFFERENCE
		ADJUST. RATING
		<input type="checkbox"/> 3 points (less)
		<input type="checkbox"/> 10 points
		<input type="checkbox"/> Wife or Widow
		<input type="checkbox"/> Dead
		<input type="checkbox"/> Being Investigated
INITIALS AND DATE		

Indicate "Yes" or "No" answer by placing X in proper column.		YES	NO
12. (a) Would you accept short term appointment if offered for—			
1 to 3 months			<input checked="" type="checkbox"/>
3 to 6 months			<input checked="" type="checkbox"/>
6 to 12 months			<input checked="" type="checkbox"/>
(b) Would you accept appointment if offered—			
in Washington, D. C.		<input checked="" type="checkbox"/>	
anywhere in the United States		<input checked="" type="checkbox"/>	
outside the United States		<input checked="" type="checkbox"/>	
13. (c) If you will accept appointment in certain locations ONLY, give acceptable locations			
(d) What is the lowest entrance salary you will accept per year. CAP. 13 P 6			
You will not be considered for positions paying less.			
(e) If you are willing to travel, specify <input type="checkbox"/> Occasionally <input checked="" type="checkbox"/> Frequently <input type="checkbox"/> Constantly			
14. EXPERIENCE —You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing offices of agencies to determine your qualifications for the position for which you are applying. In the space provided below describe EVERY position you have held. Use a separate block for EACH position. You must include any pertinent religious, civic, welfare or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and years per year in which you were engaged in such activity. Start with your PRESENT position and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).			
(a) If you were ever employed in any position under a name different from that shown in item 4 of this application, give under "Description of your work" for each position, the name used.			
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."			
PRESENT POSITION			
Name of employer (Month year)		Exact title of your present position	
From	To present time	Salary or earnings	
Place of employment (city and State)		Starting \$ per	
Name and address of employer (firm, organization, or person)		Present \$ per	
In Federal, name department, bureau or establishment and division		Description of your work	
Kind of business or organization (e. g., wholesale and mercantile agency, mfr. of goods, etc.)			
Number and kind of employees supervised by you			
Name and title of immediate supervisor			
Reason for desiring to change employment			

(CONTINUED ON NEXT PAGE)

16-47200-5

12/9/40 8/22/47 Washington, D. C. N.Y., N.Y., Pittsburgh, Pa., FBI - Dept. of Justice Law Enforcement-counter Intelligence various Name and title of immediate supervisor: D. N. Ladd Reason for leaving: voluntary		Exact title of your position: Special Agent & Supervisor Description of your work: Supervision of Counter-Intelligence operation		Salary or earnings: Starting \$ 3200 per annum Final \$ 7000 per annum
From 9/37 To 12/40 Name and address of employer (firm, organization, or person): Mayville, Ky Kind of business or organization (e. g., wholesale and insurance agency, etc.): Self Number and kind of employees supervised by you: None Name and title of immediate supervisor: None Reason for leaving: Voluntary		Exact title of your position: Attorney-at-law Description of your work: General Practice of law		Salary or earnings: Starting \$ per Final \$ per
From 6/31 To 9/33 Name and address of employer (firm, organization, or person): Danville, Indiana Danville Gazette Danville, Indiana Kind of business or organization (e. g., wholesale and insurance agency, etc.): Newspaper Number and kind of employees supervised by you: None Name and title of immediate supervisor: Alvin Hall, Editor Reason for leaving: Voluntary		Exact title of your position: Reporter & Printer Description of your work: General Newspaper Publishing business		Salary or earnings: Starting \$ per Final \$ per
From To Name and address of employer (firm, organization, or person): Kind of business or organization (e. g., wholesale and insurance agency, etc.): Number and kind of employees supervised by you: Name and title of immediate supervisor: Reason for leaving:		Exact title of your position: Description of your work:		Salary or earnings: Starting \$ per Final \$ per

If more space is needed, use a continuation sheet (Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and telephone number. Attach to inside of this application.

[illegible]

(a) First type and second type of character: Location:		(b) What were you doing during this duty assignment?	
Dates attended (months, years): From: To:		(c) What did you do during this duty assignment?	
Rating received at end of this training:		(d) What did you do during this duty assignment?	
(e) Duty assignment after this training (give all important details in duty assignment whether or not you attended a Service School):		(f) What did you do during this duty assignment?	
Dates of duty assignment (months, years): From: To:		(g) What did you do during this duty assignment?	
(h) Training received at Service School (if attended):		(i) What did you do during this duty assignment?	
Location:		(j) What did you do during this duty assignment?	
Dates attended (months, years): From: To:		(k) What did you do during this duty assignment?	
Rating received at end of this training:		(l) What did you do during this duty assignment?	
(m) Duty assignment after this training:		(n) What did you do during this duty assignment?	
Dates of duty assignment (months, years): From: To:		(o) What did you do during this duty assignment?	
List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.			
19. EDUCATION - Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12			
Mark (x) the appropriate box to indicate satisfactory completion of: <input type="checkbox"/> Elementary School <input type="checkbox"/> Junior High School <input checked="" type="checkbox"/> Senior High School			
(a) Name and Location of College or University: Indiana University, Bloomington, Indiana			
Major: LAW			
Dates Attended: From: 1933 To: 1937			
Years Completed: Day: 6 Night:			
Degrees Conferred: Title: LL.B. Date: 9/37			
Sem. enter Hours Credit: 180			
(b) List Your Civil Undergraduate College Subjects: Journalism 20 Phil & Psych 20			
List Your Civil Graduate College Subjects: Law 95			
(c) Other training, such as postgraduate, Institute, Polytechnic given through the Armed Forces Institute (before, during and between of school), or "in service training" in a Federal agency: Subjects Studied: Attorney Dates Attended: From: To: Years Completed: Day Night			
20. Indicate your knowledge of foreign languages: READING SPEAKING UNDERSTANDING (German) I			
(a) How was your knowledge of foreign languages acquired? Study			
(b) If you have traveled or resided in any foreign countries, indicate: (1) names of countries (2) dates and length of time spent there and (3) reason of purpose (e.g., business, education, recreation)			
21. List any special skills you possess and machines and equipment you can use, such as operation of short-wave radio, multi-line compass, key punch, turret lathe, scientific or professional devices: Approximate number of words per minute in typing: 50 shorthand			

13. REFERENCES—List three persons living in the United States or Territories of the United States who are BEST qualified to vouch for you and who have adequate knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of applicants listed under Item 10. (EXFDS 11-1-72)

FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address including street and number)	BUSINESS OR OCCUPATION
B. F. Small	Sycamore Bldg-Terre Haute, Indiana	Atty
E. L. Zeigler	Cochran Bldg., Mayeville, Ky.	Atty
A. M. Thurston	C.I.O.- Washington, D. C.	

26. May inquiry be made of your present employer regarding your character qualifications, etc? ☒ Yes ☐ No

Indicate "Yes" or "No" answers by placing X in proper column.	YES	NO	Indicate "Yes" or "No" answers by placing X in proper column.	YES	NO
---	-----	----	---	-----	----

23. Are you a citizen of the United States?	<input checked="" type="checkbox"/>	24. Have you any physical defect or disability whatever? If none (answer) is "Yes" give complete details in Item 34.	<input checked="" type="checkbox"/>
---	-------------------------------------	---	-------------------------------------

38. Do you advocate or have you ever advocated or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? b6
b7C

If your answer is "Yes," give specifics in item 39.

39. (a) Were you ever in the United States Military or Naval Service during time of War? b6
b7C

(b) Is the word "honorable" or the word "satisfaction" used in your discharge or separation papers to show the type of your discharge or separation? b6
b7C

27. Within the past 12 months, have you voluntarily used information from the following sources to obtain or attempt to obtain employment, a promotion, or a contract? ☐ Yes ☐ No

(c) Was service performed on an active full time basis, with full military pay and allowances? ☐ Yes ☐ No

<p>22. Since your 16th birthday, have you ever been convicted, or fined or imprisoned, or placed on probation, or have you ever been ordered to deposit bond for the violation of any law, police regulation or ordinance (including minor traffic violations for which a fine of \$25 or less was imposed)?</p>	<p>(c) Date of entry or entries into service:</p>	<p>Date of separation or separation:</p>
--	---	---

<p>If your answer is "Yes," list all such cases under Item 20 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If applicable, your fingerprints will be taken.</p>	<p>Branch of service (Army, Navy, M. C., C. G., etc.)</p>	<p>Serial No. (if none, give grade or rating at time of separation.)</p>
---	---	--

12. Have you ever been discharged or barred to return for misconduct or unsatisfactory service from any position?
If your answer is "Yes" give in Item 13 the name and address

30. Do you receive an annuity from the U.S. or D.C. Government under any retirement act or any pension or other compensation? NO

for military or naval service?	Indicate "Yes" or "No" answer by placing X in proper column	YES	OR NO
<p>37. (a) If your answer is "Yes," give in brief the reason for retirement, that is, due, optional, disability, or by reason of voluntary or involuntary separation after 5 years' service; and, of retirement pay, and under what retirement act, and stating if retired from military or naval service.</p>			
<p>37. (a) If you served in the U. S. Military or Naval Service during prosecution ONLY, and you participate in a campaign of expedition and receive a campaign badge of service (if entitled to)</p>			

31. Are you an official or employee of any State, Territory, county, or municipality?	<input checked="" type="checkbox"/>	32. Are you a disabled veteran?	<input checked="" type="checkbox"/>
33. Are you the unmarried widow of a veteran?	<input type="checkbox"/>	34. Are you the wife of a veteran who has service-connected disability?	<input checked="" type="checkbox"/>

IF YOUR ANSWER TO QUESTION 37 (a), (b), (c) OR (d) IS "YES," AND YOU WISH TO CLAIM VETERAN PREFERENCE ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM CIVIL SERVICE COMMISSION FORM 14

11. If your answer to "Yes" shows in Item 5(a) for EACH such relationship: (1) full name; (2) present address; (3) relationship; (4) department or agency by whom employed, and (5) kind of appointment.

THIS SPACE FOR USE OF APPOINTING OFFICE ONLY

33. Have you ever had a nervous breakdown?.....
If your answer is "Yes," give me my details in Item 38.

34. Have you ever had tularemia? _____
If your answer is "Yes," give accurate details in Item 33.

48. Space for detailed answers to *essay questions* (indicate item numbers to which answers apply)

11257 10	11257 10	11257 10	11257 10	11257 10	11257 10	11257 10	11257 10	11257 10
----------	----------	----------	----------	----------	----------	----------	----------	----------

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to back of this application sheet.

FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE TITLE 18, SECTION 1001)

I certify that the statements made by me in the application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of applicant _____
 (Sign your name in INK (one given name, but, if married use your own given name) (Last name optional). If female, prefix Miss or Mrs.)

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS?

YES ☒

NO ☐

SECTION 1. PERSONAL BACKGROUND

NAME	FIRST	MIDDLE	LAST	TELEPHONE
MR. <input checked="" type="checkbox"/>	William	King	Harvey	OR 2914
PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
2627	39th Street N.W.	Washington, D. C.		U.S.A.
LEGAL RESIDENCE	STREET AND NUMBER	CITY	STATE	COUNTRY
Meysville		Kentucky		U.S.A.
NICKNAMES	OTHER NAMES THAT YOU HAVE USED			
None	None			
UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?				HOW LONG?
None				None
IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)				
None				

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY
9/13/15	Danville,	Indiana		U.S.A.
PRESENT CITIZENSHIP	ACQUIRED BY:			
US	BIRTH <input checked="" type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/>			
NATURALIZATION CERTIFICATE	NUMBER	DATE ISSUED	NAME OF COURT	
LOCATION OF COURT	CITY	STATE	COUNTRY	
PREVIOUS CITIZENSHIP	DATE HELD	FROM:	TO:	
None				
OTHER CITIZENSHIPS (GIVE PARTICULARS)				
None				

STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)

LAST U.S. PASSPORT	NUMBER	DATE	PLACE OF ISSUE
	None	-	-
ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES)			
None			
PASSPORTS OF OTHER NATIONS			
None			

IF BORN OUTSIDE U.S.	DATE OF ARRIVAL IN THIS COUNTRY	PORT OF ENTRY	PASSPORT OF COUNTRY
	-	-	-
LAST U.S. VISA	NUMBER	TYPE	DATE
	-	-	-
			PLACE OF ISSUE
			-

SECTION 2. PHYSICAL DESCRIPTION

AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR
31	M	5'	185	Green	Blonde
COMPLEXION	SCARS	BUILD			
Fair	triangular scar rt. cheek	Medium stocky			
OTHER DISTINGUISHING FEATURES					
mustache					



SECTION 3. MARITAL STATUS									
MARRIED <input checked="" type="checkbox"/>	WIDOWER <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	DATE OF SEPARATION OR DIVORCE		PLACE				
SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>								
REASON FOR SEPARATION OR DIVORCE									
NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.									
NAME OF WIFE OR HUSBAND	FIRST	MIDDLE (FOR WIFE, MAIDEN)	LAST		DATE OF MARRIAGE				
	Elizabeth	Hove	McIntire	Harvey	4/4/34				
PLACE OF MARRIAGE	(HIS OR HER ADDRESS BEFORE MARRIAGE)		STREET AND NUMBER		CITY	STATE	COUNTRY		
Bloomington, Indiana	Flemingsburg, Kentucky						U.S.A.		
LIVING <input checked="" type="checkbox"/>	DATE OF DECEASE		CAUSE						
DECEASED <input type="checkbox"/>									
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY		STATE	COUNTRY			
	2627 39th Street N.W.		Washington, D. C.			U.S.A.			
DATE OF BIRTH	PLACE OF BIRTH		CITY		STATE	COUNTRY			
2/3/16	Flemingsburg, Kentucky					U.S.A.			
CITIZENSHIP	DATE ACQUIRED		WHERE ACQUIRED	CITY	STATE	COUNTRY			
USA	Birth								
OCCUPATION	LAST EMPLOYER								
Housewife	War Department - MDW - 1942-44								
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY		STATE	COUNTRY			
	Pentagon Bldg		Washington D. C.			USA			
DATE OF MILITARY SERVICE	FROM:	TO:		BRANCH OF SERVICE		COUNTRY			
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
See above, War Dept., MDW - Washington, D. C. 1942-1944									
SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)									
NAME				RELATIONSHIP				AGE	
				NONE					
CITIZENSHIP	ADDRESS STREET AND NUMBER		CITY		STATE	COUNTRY			
NAME				RELATIONSHIP				AGE	
CITIZENSHIP	ADDRESS STREET AND NUMBER		CITY		STATE	COUNTRY			
NAME				RELATIONSHIP				AGE	
CITIZENSHIP	ADDRESS STREET AND NUMBER		CITY		STATE	COUNTRY			
SECTION 5. PARENTS									
NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET									
NAME OF FATHER	FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/>				
	Duncan	R. (only)	Harvey		DECEASED <input checked="" type="checkbox"/>				
DATE OF DECEASE	CAUSE								
7/25/16	Spinal Meningitis								
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY		STATE	COUNTRY			
	S. Tennessee St.		Danville, Indiana			U.S.A.			
DATE OF BIRTH	PLACE OF BIRTH		CITY		STATE	COUNTRY			
1888	Danville, Indiana					U.S.A.			
CITIZENSHIP	DATE ACQUIRED		WHERE ACQUIRED	CITY	STATE	COUNTRY			
USA	Birth								
OCCUPATION	LAST EMPLOYER								
Attorney	Self								
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY		STATE	COUNTRY			
	Danville		Indiana			U.S.A.			
SECTION 5. PARENTS (CONTINUED)									

SECTION 5. PARENTS (CONTINUED FROM PAGE 1)									
DATE OF MILITARY SERVICE		FROM		TO		BRANCH OR SERVICE		COUNTRY	
None									
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
None									
NAME OF MOTHER		FIRST		MAIDEN		LAST		LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
Sara		Jewel		King		Ervey			
DATE OF DECEASE		CAUSE							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
607 1/2		South Center Street		Terre Haute,		Indiana		U.S.A.	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1890		Danville		Indiana				U.S.A.	
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Professor		Indiana State Teachers College							
EMPLOYER'S OR OWN BUSINESS ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
		Terre Haute,		Indiana				U.S.A.	
GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
None									
SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-STEP- AND ADOPTED BROTHERS AND SISTERS)									
NAME		FIRST		MIDDLE		LAST			
		None							
PRESENT ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
NAME		FIRST		MIDDLE		LAST			
		None							
PRESENT ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
NAME		FIRST		MIDDLE		LAST			
PRESENT ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
SECTION 7. PARENTS-IN-LAW									
NAME OF FATHER-IN-LAW		FIRST		MIDDLE		LAST		LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
James		Marvin		McIntire, Sr.					
DATE OF DECEASE		CAUSE							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
480 Mt. Carmel Avenue		Flemingsburg,		Kentucky				USA	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1890		Fleming County,		Kentucky				USA	
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Attorney		Self							
NAME OF MOTHER-IN-LAW		FIRST		MAIDEN		LAST		LIVING <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/>	
Nannie		Ross		McIntire					
DATE OF DECEASE		CAUSE							
1942		Arterio-sclerosis							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
480 Mt. Carmel Avenue		Flemingsburg,		Kentucky				USA	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1886		Fleming County,		Kentucky				USA	
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Housewife									

SECTION 8. RELATIVES

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE, OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	
REASON FOR LISTING UNDER THIS QUESTION		
NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	
REASON FOR LISTING UNDER THIS QUESTION		
NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	
REASON FOR LISTING UNDER THIS QUESTION		

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

NAME Dwight Harvey	RELATIONSHIP Cousin	AGE 45 approx.
CITIZENSHIP USA-Birth	ADDRESS STREET AND NUMBER CITY STATE COUNTRY Not known to me at present	
TYPE AND LOCATION OF SERVICE (IF KNOWN) Colonel - U.S. Army		
NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	
TYPE AND LOCATION OF SERVICE (IF KNOWN)		
NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	
TYPE AND LOCATION OF SERVICE (IF KNOWN)		

SECTION 9. EDUCATION

SCHOOL Public Schools	ADDRESS Danville, Indiana	CITY Terre Haute, Indiana	STATE INDIANA	COUNTRY USA
DATES ATTENDED FROM 1921 TO 1928	DEGREE 8 yrs. Elementary Credit			
SCHOOL Wiley High School	ADDRESS Terre Haute, Indiana	CITY INDIANA	STATE INDIANA	COUNTRY USA
DATES ATTENDED FROM 1928 TO 1931	DEGREE H.S. Diploma			
COLLEGE Indiana University	ADDRESS Bloomington Indiana	CITY INDIANA	STATE INDIANA	COUNTRY USA
DATES ATTENDED FROM 1933 TO 1937	DEGREE Lib with Distinction (5 yrs. credit)			
COLLEGE -	ADDRESS -	CITY -	STATE -	COUNTRY -
DATES ATTENDED FROM - TO -	DEGREE -			

SECTION 10. SELECTIVE SERVICE (CONTINUED TO PAGE 5)

SECTION 10: SELECTIVE SERVICE (U.S. CITIZENS ONLY)			
CLASSIFICATION II-A	ORDER NUMBER 1194	APPROXIMATE INDUCTION DATE None	BOARD NUMBER K 113
ADDRESS OF BOARD Mayville, Mason County, Kentucky		CITY Mayville	STATE Kentucky
IF DEFERRED, STATE REASON Yes, 1942-1947 Special Agent- FBI- US Dept of Justice			
SECTION 11: MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN			
COUNTRY USA	SERVICE FBI-US D of J	SERVICE DATES 12/9/40	TO: 8/22/47
GRADE Special Agent	SERIAL NUMBER -----	TYPE OF DISCHARGE Voluntary Resignation	
LAST STATION Washington, D. C.		COMMANDING OFFICER -----	
REMARKS:			
SECTION 12: CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)			
NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.			
EMPLOYER R. H. King Construction Co.		JOB TITLE Laborer	
ADDRESS STREET AND NUMBER Danville, Indiana		CITY STATE Danville Indiana	
YOUR DUTIES AND SPECIALITY Construction Worker		KIND OF BUSINESS Bridge Construction	
DATES COVERED FROM: 5/26 TO: 9/26		NAME OF SUPERVISOR R. H. King	
SALARY \$10		PER week	
REASONS FOR LEAVING Return to school			
EMPLOYER Danville Gazette		JOB TITLE Reporter & Printer	
ADDRESS STREET AND NUMBER Danville Indiana		CITY STATE Danville Indiana	
YOUR DUTIES AND SPECIALITY Editorial and Mechanical Work		KIND OF BUSINESS Newspaper	
DATES COVERED FROM: 1931 TO: 1933		NAME OF SUPERVISOR Alvin Hall, Editor	
SALARY \$10-\$15		PER week	
REASONS FOR LEAVING To Enter University			
EMPLOYER Indiana University		JOB TITLE Publicity Writer	
ADDRESS STREET AND NUMBER Bloomington Indiana		CITY STATE Bloomington Indiana	
YOUR DUTIES AND SPECIALITY Writing Athletic Publicity		KIND OF BUSINESS See above	
DATES COVERED FROM: Partime 1934 TO: 1935		NAME OF SUPERVISOR Various	
SALARY \$10-(Approx)		PER week	
REASONS FOR LEAVING Voluntary Resignation			
EMPLOYER Self		JOB TITLE Attorney-at-law	
ADDRESS STREET AND NUMBER 210 Court Street		CITY STATE Mayeville Ky	
YOUR DUTIES AND SPECIALITY Practice of Law		KIND OF BUSINESS Practice of Law	

SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)				
YOUR DUTIES AND SPECIALITY General Legal Practice			NAME OF SUPERVISOR None	
DATE COVERED 1937	FROM 1940	TO 1940	SALARY \$1500-2200	PER year
REASONS FOR LEAVING To enter FBI				
EMPLOYER Federal Bureau of Investigation			JOB TITLE Special Agent & Supervisor	
ADDRESS STREET AND NUMBER Department of Justice Bldg. Washington, D. C.			KIND OF BUSINESS Law enforcement and counter intelligence	
YOUR DUTIES AND SPECIALITY Counter-Intelligence			NAME OF SUPERVISOR J. Edgar Hoover	
DATE COVERED 12/9/40	FROM 12/9/40	TO 5/22/47	SALARY \$3200-\$7000	PER Annua
REASONS FOR LEAVING Voluntary Resignation				
EMPLOYER			JOB TITLE	
ADDRESS STREET AND NUMBER			KIND OF BUSINESS	
YOUR DUTIES AND SPECIALITY			NAME OF SUPERVISOR	
DATE COVERED	FROM	TO	SALARY	PER
REASONS FOR LEAVING				
NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.				
DETAILS: Absolutely None				
SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME D. P. Scwell	ADDRESS STREET AND NUMBER Jersey Ridge Rd. Mayeville, Ky.			
NAME B. F. Scull, Atty	ADDRESS STREET AND NUMBER Sycamore Bldg. Terre Haute Indiana			
NAME J. H. Finch, Sr.	ADDRESS STREET AND NUMBER Bank of Mayeville Mayeville, Ky.			
NAME Harry Stewart	ADDRESS STREET AND NUMBER Chief of Police PD Mayeville, Ky.			
NAME E. L. Zeigler, Atty	ADDRESS STREET AND NUMBER Cochran Bldg. Mayeville, KY			
SECTION 14. SOCIAL ACQUAINTANCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME A. H. Thurston	ADDRESS STREET AND NUMBER § C.I.O. Washington, D. C.			
NAME Matthew McPaire	ADDRESS STREET AND NUMBER U.S. District Court Washington, D. C.			
NAME J. A. Bennet, Lt. Col.	ADDRESS STREET AND NUMBER Andrews Field, Maryland			
NAME L. Whitson	ADDRESS STREET AND NUMBER Room 1734 Dept. of Justice Washington, D. C.			
SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)				

SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)			
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
Richard Frear	2527 39th St. N.W.	Washington, D. C.	
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
H. John Holzberg	2629 39th St. N.W.	Washington, D. C.	
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
Richard Callahan	2629 39th St. N.W.	Washington, D. C.	
SECTION 16. MISCELLANEOUS			
DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF ANSWER IS "YES" EXPLAIN BELOW:			
DO YOU USE, OR HAVE YOU USED INTOXICANTS? In Moderation			
HAVE YOU EVER BEEN ARRESTED, IMPEACHED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE, AND DISPOSITION OF CASE.			
NO			
HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IF ANSWER IS "YES", GIVE DETAILS BELOW:			
SECTION 17. FINANCIAL BACKGROUND			
ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.			
NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS			
Peoples Bank of Fleming County, Flemingsburg, Kentucky			
State National Bank, Maysville, Kentucky (Recently closed)			
HAVE YOU EVER BEEN IN BANKRUPTCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "YES", GIVE PARTICULARS:			
SECTION 18. CREDIT REFERENCES-THREE IN THE UNITED STATES			
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
Peoples Bank of Fleming County	Flemingsburg,	Kentucky	
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
State National Bank	Maysville,	Kentucky	
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
J. Garfinkel & Co.	Washington,	D. C.	
SECTION 19. RESIDENCES FOR PAST 25 YEARS			
FROM: 3/1942	TO: Late	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
		2627 39th St. N.W.	Washington, D. C.
FROM: 2/1942	TO: 3/1942	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
		Grace Court, Center Avenue	Pittsburgh, Pa.
FROM: 1/41	TO: 2/1942	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
		45-71 Albertson Street	Alhambra, L.O. N.Y.C. N.Y.

(CONTINUED TO PAGE 8)

PAGE 7

SECTION 19. RESIDENCES FOR PAST 15 YEARS (CONTINUED FROM PAGE 7)

FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
9/1937	12/1940		Moreville	Ky.	USA
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
1933	1937		Bloomington	Ind.	USA
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
1931	1933	E. Main	Deville	Ind.	USA
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
1928	1931	607 S. Center St.	Terre Haute	Ind.	USA
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

SECTION 20. RESIDENCES OR TRAVEL OUTSIDE THE UNITED STATES (NONE EXCEPT VISIT CANADA)

FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
9/10	9/10	Canada (S. Ste. Marie)		Fish
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE

SECTION 21. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

NOTE: IN SPACE BELOW LIST NAMES AND ADDRESSES OF ALL DOMESTIC AND FOREIGN CLUBS, SOCIETIES AND ORGANIZATIONS OF ALL KINDS TO WHICH YOU HAVE BELONGED, OTHER THAN RELIGIOUS SOCIETIES, POLITICAL PARTIES AND LABOR UNIONS. INCLUDE ANY ORGANIZATION HAVING HEADQUARTERS OR A BRANCH IN A FOREIGN COUNTRY OF WHICH YOU HAVE BEEN A MEMBER OR TO WHICH YOU HAVE GIVEN SUPPORT.

NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Sigma Chi		Bloomington	Indiana	USA
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Phi Delta Phi		"	"	"
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Order of Coif		"	"	"
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Rotary International		Moreville	Ky.	USA
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Natl. Rifle Association		Various		
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Boy Scouts of America		Various		
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
FBI Recreation Association		Washington, D. C.		
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY

SECTION 22. LANGUAGES-FOREIGN (STATE DEGREE OF PROFICIENCY AS "SLIGHT", "FAIR" OR "FLUENT")

LANGUAGE	SPEAK	READ	WRITE
German		Slight	
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE

SECTION 23. GENERAL QUALIFICATION

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE. ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

Specialist in counter Intelligence, operations, analysis, and
evaluation -

SECTION 24. SPORTS AND HOBBIES

Fishing, hunting, firearms

SECTION 25. EMERGENCY ADDRESSEE

NAME	Mrs. Elizabeth M. Harvey			RELATIONSHIP	wife
ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	TELEPHONE
	2527 39th Street N.W.	Washington, D. C.			OR 2014

SECTION 26. INFORMATION AND FINAL COMMENTS

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION, IF SO, DESCRIBE, IF NOT, ANSWER, "NO".

NOTE

SECTION 27. CERTIFICATION

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY INTENTIONAL MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR MY IMMEDIATE DISMISSAL.

SIGNED AT _____
City State

Witness

DATE _____

Signature of Applicant

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT OF WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Leg Res: Mayesville, Kentucky

PARENTAGE: Father: Druman R. Harvey Place: Danville, Indiana
Birth: 1888
Mother: Sara Jewel King Harvey Place: Danville, Indiana
Birth: 1890

RELATIVES ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Mayesville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elisabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependents: None besides wife
Father-in-law: James Marvin McIntire, Ky.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Mammie Ross McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
Washington, D. C. Tel: ORday 2914

Emergency Addressee: Mrs. Elisabeth M. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORday 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
 Leg Res: Mayeville, Kentucky

PARENTAGE: Father: Drenan R. Harvey
 Birth: 1888 Place: Danville, Indiana
 Mother: Sara Jewel King Harvey
 Birth: 1890 Place: Danville, Indiana

RELATIVES ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
 Dates: 1928 to 1931
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
 Dates: 1911 to 1933
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937
 Practice of Law, Mayeville, Kentucky
 Dates: 1937 to 1940
 F.B.I., Special Agent
 Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elizabeth Howe McIntire Harvey
 Birth: February 3, 1916 Place: Flemingsburg, Kentucky
 Dependents: None besides wife
 Father-in-law: James Marvin McIntire, Sr.
 Birth: 1880 Place: Fleming County, Ky.
 Mother-in-law: Hannie Ross McIntire - now deceased
 Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
 Washington, D. C. Tel: ORdway 2914

Emergency Addressee: Mrs. Elizabeth H. Harvey
 2627 - 39th St., N. W.
 Washington, D. C. Tel: ORdway 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Leg Res: Mayeville, Kentucky

PARENTAGE: Father: Drenan R. Harvey Place: Danville, Indiana
Birth: 1888
Mother: Sara Jewel King Harvey Place: Danville, Indiana
Birth: 1890

RELATIVES ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Mayeville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elizabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependents: None besides wife
Father-in-law: James Marvin McIntire, Sr.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Mammie Ross McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

Emergency Addressee: Mrs. Elizabeth H. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

SECRET

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
 Log Res: Maysville, Kentucky

PARENTAGE: Father: Drenan R. Harvey Place: Danville, Indiana
 Birth: 1888
 Mother: Sara Jewel King Harvey Place: Danville, Indiana
 Birth: 1890

RELATIVES
ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
 Dates: 1928 to 1931
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
 Dates: 1931 to 1933
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937
 Practice of Law, Maysville, Kentucky
 Dates: 1937 to 1940
 F.B.I., Special Agent
 Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL
STATUS: Married to: Elisabeth Howe McIntire Harvey
 Birth: February 3, 1916 Place: Flemingsburg, Kentucky
 Dependents: None besides wife
 Father-in-law: James Marvin McIntire, Sr.
 Birth: 1880 Place: Fleming County, Ky.
 Mother-in-law: Maude Ross McIntire - now deceased
 Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
 Washington, D. C. Tel: Ordway 2914

Emergency Addresses: Mrs. Elisabeth M. Harvey
 2627 - 39th St., N. W.
 Washington, D. C. Tel: Ordway 2914

SECRET

CONFIDENTIAL

SECURITY OFFICE

CONFIDENTIAL

Investigation Report

Date: October 8, 1947

Number: 32814

Subject: HARVEY, William King

To: CPD (2)

1. Investigation directed by: KRC

2. Sources of information: OSO

3. Remarks

4. Recommendation:

SECURITY APPROVAL RECOMMENDED. THOUGH SUBJECT
IS SUBJECT OF DEROGATORY INFORMATION AT SOME
RE DATE. INTERVIEW WAIVED.
IF THE APPLICANT ENTERS UPON DUTY WITHIN
30 DAYS FROM ABOVE DATE. THIS APPROVAL BECOMES
INVALID.

*Branch notified of
this report (orig) sent to
Special Agent 9 Oct. 1947.*

CC: Mr. Judson H. Lightsey

By RHC/Em
Security Officer
ROBERT H. CUNNINGHAM

CONFIDENTIAL

CONFIDENTIAL

MEMORANDUM

Re: William King Harvey

A complete and thorough investigation has been conducted on this employee and he was found suitable for employment in this agency.

SECRET
SECURITY INFORMATION

TO : Chief, Communications
Acting
FROM : Chief, Security Division
SUBJECT: HARVEY, William King
3231h

DATE: 8 August 1952

In reply to your memorandum this is to advise that subject meets the current requirements for cryptographic clearance and is approved for such duties as of this date.

E. P. Geiss
E. P. Geiss

SECRET

Personal & 3rd Agency Material